

Dr. Sharon Whitehurst-Payne, Chair Community Member

Dr. Matthew J. Ceppi President's Designee Cal State San Marcos

Mr. David Chang Community Member Hampton Inn San Diego/ San Marcos

Dr. Chuck De Leone Faculty Member Cal State San Marcos

Dr. Regina Eisenbach Board Member Cal State San Marcos

Dr. Linda L. Hawk, Vice-Chair Designated Member Cal State San Marcos

Mr. Brandon Losey Alumni Member Dabelgott Agency Insurance & Financial Services

Mr. Dimitris Magemeneas Community Member Edward Jones

Ms. DawnMarie Myers Student Member Cal State San Marcos

Dr. Graham Oberem Designated Member Cal State San Marcos

Mr. Jason Schreiber Board Member Cal State San Marcos

Regular Meeting of the Board of Directors

Thursday, February 25, 2016 - 4:00 p.m. – 5:30 p.m. Center for Children and Families Classroom

AGENDA

I. Convening of Regular Board Meeting (Whitehurst-Payne)

A. Consideration of Minutes November 19, 2015 Annual Meeting (Attachment A)

II. Special Guest Presentations

A. Children's Creative Learning Centers (4:00 to 4:30)

III. Committee Reports and University Updates

A. Finance & Operations Committee (Whitehurst-Payne)

B. Joint Audit Committee (Chang)

C. Sponsored Projects (Oberem/Meeks)

D. Administration Update (Newberg)

E. Investment Portfolio Report (Newberg) (Attachment B)

F. University Update (Ceppi)

IV. Consent Agenda

A. Summary & Quarterly Financial Reports 12/31/15 (Roberts) (Attachment C)

B. Revision to 2015/2016 Budget (Newberg) (Attachment D)

C. Revision to Property Control Policy (Newberg) (Attachment E)

V. Action Items

A. Revision to Joint Audit Committee Charge (Chang) (Attachment F)

B. Form 990 Tax Return FY 14/15 Ratification (Roberts) (Attachment G)

C. Proposed FY 16/17 Meeting Calendar (Newberg) (Attachment H)

VI. Adjournment of Regular Meeting

Next Meeting: May 26, 2016, 4:00 p.m., Center for Children & Families Classroom

ATTACHMENT A

Minutes of the November 19, 2015 Regular Meeting



Minutes of the Regular Meeting of the Board of Directors November 19, 2015

Center for Children and Families Classroom

Attendees:

Members: Chuck De Leone, Linda Hawk (Vice Chair), Brandon Losey, Sharon Whitehurst-Payne (Chair), David Chang, Graham Oberem, Jason Schreiber, Regina Eisenbach, DawnMarie Myers

Members Absent: Matthew J. Ceppi, Dimitris Magemeneas

Staff: Bella Newberg, Clint Roberts, Cynthia Fenimore, Michelle Meeks, Theresa Ruffolo,

Karla Frazee

Guests: Kyle Button, AVP, Development, University Advancement; Pamela Lovsted,

Manager, University Bookstore

Convening of the Regular Meeting

A quorum being present, Chair Whitehurst-Payne called the meeting to order at 4:03 p.m.

Minutes of the September 3, 2015 Annual Meeting

A motion was made and seconded (Losey/Oberem) to approve the September 3, 2015 minutes. Motion carried.

Minutes of the September 3, 2015 Regular Meeting

A motion was made and seconded (Losey/Myers) to approve the September 3, 2015 minutes. Motion carried.

Special Guest Presentation

Whitehurst-Payne introduced special guest speaker Kyle Button, AVP, Development, University Advancement. Button provided information regarding the CSUSM Capital Campaign. Whitehurst-Payne introduced special guest Pamela Lovsted, Manager, University Bookstore. Lovsted presented information regarding the Bookstore's new Price Match Program & Rental Savings program.

Committee Reports

Finance and Operations Committee

Whitehurst-Payne reported. The Finance & Operations Committee met on November 3, 2015 and reviewed two items which will be considered for action later in the meeting.

Joint Audit Committee

Chang reported. The Joint Audit Committee of the three Auxiliaries (UARSC, Foundation, and ASI) met on September 15, 2015 to review Financial Audit Reports for 6/30/15. AKT Audit Team provided an overview of the audit process and the processes set in place to ensure independence of team members. The Joint Audit Committee took action to accept and move forward to their respective Boards, the Financial Audit Reports for the 3 Auxiliaries and the A-133 Compliance Report for UARSC. A motion carried to move forward to the UARSC Board and recommend for acceptance, the Financial Audit Report and A-133 Compliance Report, 6/30/15.

Sponsored Projects Committee

Oberem reported on the first quarterly report and compared it to last year. The number of submissions is up and the number of dollars requested is up. Pre-award is preparing to launch a winter grant writing bootcamp. The Dean of OGSR anticipates making 5 awards in support of major grant proposals. The electronic Sponsored Project Approval Form (e-SPAF) has been deployed. OGSR is working on using the same system for Conflict of Interest forms.

Administration Update

Newberg provided the HR & Payroll Services update. UARSC has surpassed its former employee count from when UARSC was self-operating the Bookstore and Dining Services. We have 75 full-time, benefited employees, 95 part-time or temporary employees and 178 student employees for a total of 348 active employees. The Institute for Palliative Care has doubled in size which required recruitments to be processed through UARSC HR. We had consistent growth in our Sponsored Projects departments. By 2016, we anticipate a new high with a count of 80 regular, full-time, benefited employees. Our HR Specialist, Kathi Taylor-Elms completed 122 new hire orientations in the months of July-October compared to an average of 70. The implementation of the online Recruiting and Time & Attendance systems through the new ADP system will be critical to our HR and Payroll operations. SODEXO Customer Survey was released in October, 2015, close date is November 13, 2015. Over 1,000 responses have been received. Catering RFP rollout is scheduled for January 2016. Five proposals were received, interviews to take place November 23rd and 24th, 2015. Contracts will be executed in December 2015. A Chancellor's Office Compliance Audit is underway. Risk assessments are due by November 20, 2015 and request for documents by November 25. Fieldwork will take place January 25, 2016 through February 26, 2016 with the exit conference scheduled for February 26, 2016.

University Update

Hawk reported CSUSM has garnered some impressive awards and rankings.

- HEED Award- Higher Education Excellence in Diversity
- HSI Grant- Awarded from the U.S. Department of Education. \$2.6 million over the next five years
- TRIO SSS Grant- Awarded by the U.S. Department of Education. A five-year renewal grant totaling over \$1.4 million

- ETC College Ranking Index- The nonprofit organization "Educate to Career" released its College Rankings Index. CSUSM came in at number 13
- CSUSM Best for Vets- Military Times Magazine ranked CSUSM in the top 25 "Best Colleges for Veterans" in its "Best for Vets: Colleges 2016" rankings

The CSU System Budget was approved by the Board of Trustees at its November, 2015 meeting. Our request was submitted to the system for increases to our FTES (Full-Time Equivalent Students) for the next Academic Year, 2016/2017. A 7.8 percent increase in funded FTES was requested. The California Faculty Association membership have authorized their leaders to initiate a strike or other concerted activities. Faculty are not striking now. The CSU and faculty are entering fact-finding, and will be meeting through early December in the hope of reaching a negotiated settlement. The annual American Indian Film Festival -- organized by our California Indian Culture and Sovereignty Center took place on November 19 & 20, 2015 at the Pechanga Resort. The Sports Center is ahead of schedule.

Consent Agenda

Whitehurst-Payne explained the purpose of the Consent Agenda is to save time. Whitehurst-Payne asked if anyone had any questions about the Consent Agenda process. There being none Whitehurst-Payne then asked if anyone wanted to move any items from the Consent Agenda to the Regular Agenda. There being none, a motion comes moved and seconded from the Finance and Operations Committee to approve Quarterly Financial Report & Summary 09/30/15 (Attachment D) and Revision to Investment Policy (Attachment E). Motion carried.

Whitehurst-Payne announced that Item IV.C Revision to the FY 15/16 Board Meeting Calendar will be moved from the Consent Agenda to the Regular Agenda as Action Item V.C since the Board needs to approve it.

Action Items

Fixed Price Contracts Policy

Meeks reviewed the Fixed Price Contracts Policy. A motion was made and seconded (Hawk/De Leone) to approve the Fixed Price Contracts Policy as presented. Motion carried.

Financial Audit Report & A-133 Compliance Report 06/30/15

Chang reported that this item has already been discussed in detail during the Joint Audit Committee report. A motion comes moved and seconded from the Joint Audit Committee to accept the UARSC Financial Audit Report & A-133 Compliance Report 6/30/15 as presented. Motion carried.

Revision to FY 15/16 Meeting Calendar

Whitehurst-Payne reports that the Meeting Calendar was updated to reflect the rescheduling of the November 12, 2015 meeting to November 19, 2015. A motion was made and seconded (De Leone/Hawk) to approve the revised FY 15/16 Board Meeting Calendar as presented. Motion carried.

Adjournment		
The Regular Meeting adjourned by	by acclamation at 5:16 p.m.	
Respectfully submitted,		
Karla Frazee		
	rify that the above Minutes were approvention Board of Directors at a regular mee	•
Secretary	 Date	

ATTACHMENT B

Investment Portfolio Report



Investment Portfolio Report As of December 31, 2015

There has been a strategy in place for investments at UARSC that has not changed over the years. Our Investment Policy, as approved by the full Board of Directors, is being adhered to.

Investment Type	6/30/2015	M	arket Value 9/30/2015	12/31/2015
Mutual Funds	5,55,2525		0,00,2020	,,
PIMCO Bond Fund A	\$ 510,535	\$	891,565	\$ 897,598
PIMCO Low Duration	\$ 503,090	\$	949,577	\$ 704,089
PIMCO Short Term	\$ 561,421	\$	1,005,935	\$ 611,959
	\$ 1,575,045	\$	2,847,076	\$ 2,213,646
Certificates of Deposit				
ESSA Bank & Trust (Maturity date 11/30/15)	\$	\$	244,904	\$
Bank Hapoalim (Maturity date 3/4/16)	\$	\$	249,975	\$ 249,885
Goldman Sachs BK USA (Maturity date 9/26/16)	\$ 245,586	\$	245,821	\$ 245,368
FirstBank PR (Maturity date 2/1/17)	\$ 244,537	\$	245,096	\$ 244,684
JP Morgan Chase (Maturity 3/31/17	\$ 244,880	\$	244,811	\$ 244,405
Barclays Bank (Maturity 7/31/17)	\$ 244,537	\$	245,429	\$ 245,007
American Express (Maturity 12/31/18)	\$	\$		\$ 245,000
	\$ 979,539	\$	1,476,036	\$ 1,474,348
Sweep Account				
Where funds are directed when CD expires or cash is on				
hand	\$ 896,226	\$	2,661	\$ 3,371
		М	arket Value	
	6/30/2015		9/30/2015	12/31/2015
Total Portfolio	\$ 3,450,811	\$	4,325,772	\$ 3,691,365

ATTACHMENT C

Quarterly Financial Report 12/31/15

University Auxiliary and Research Services Corporation Statement of Financial Position December 31, 2015

					Quarter
	Balance	Balance		lı	ncrease/
Assets	12/31/15	 09/30/15		(0	ecrease)
Cash and Short-Term Investments	\$ 4,303,270	\$ 4,850,361		\$	(547,091)
Accts Receivable-Sponsored Programs	815,163	692,917			122,246
Other Receivable	611,839	737,228			(125,389)
Other Assets	114,174	115,394			(1,220)
CCF-Bldg & Fixtures (Net)	4,765,621	4,836,870			(71,249)
Property & Equipment (Net)	2,449,537	2,521,065	-		(71,528)
Total Assets	\$ 13,059,604	\$ 13,753,835		\$	(694,231)
			· ·		
Liabilities & Net Assets					
Liabilities:					
Accounts Payable and Accrued Expenses	\$ 1,225,953	\$ 1,700,253		\$	(474,300)
Deferred Revenue	2,514,942	2,629,554			(114,612)
Notes Payable - CSUSM	250,000	250,000			-
Post-Retiree Health Benefit Accrual	1,272,332	1,247,048	8		25,284
Total Liabilities	\$ 5,263,227	\$ 5,826,855		\$	(563,628)
Net Assets:					
Unrestricted:					
Operating Reserves	\$ 1,275,489	\$ 1,275,489		\$	(£)
Campus/Designated Programs	1,504,584	1,500,163			4,421
Administrative Current Year Net Activity	40,972	68,855			(27,883)
CCF-Bldg & Fixtures	4,765,621	4,836,870			(71,249)
Property & Equipment	209,711	245,603			(35,892)
Total Net Assets	\$ 7,796,377	\$ 7,926,980		\$	(130,603)
Total Liabilities & Net Assets	\$ 13,059,604	\$ 13,753,835	-	\$	(694,231)

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University Auxiliary and Research Services Corporation Administrative Operating Summary 7/1/15 to 12/31/15

														Comparison o Curren		or FYTD Actu TD Actual	ual to
-	Annual	Quarter 2			Fiscal Year To Date					Prior		Current	%				
	Budget	10/1	/15	to 12/31/15				7/1	1/15	to 12/31				FYTD		FYTD	Inc.
=	FY 15/16	Budget		Actual	V	ariance		Budget		Actual	_ \	/ariance		12/31/14	1	2/31/15	(Dec.)
Revenue																	
Grant/Contract Admin Fees	\$ 1,081,872	270,468		241,568	\$	(28,900)	\$	540,936	25.00	550,605	\$	9,669	\$	439,098	\$	550,605	25%
Less: University Sharing	 (233,485)	(58,371)	_	(58,372)		(0)		(116,743)	_	(116,743)		je		(205,020)	<u> </u>	(116,743)	-43%
Net Grant/Contract Admin Fees	\$ 848,387	\$ 212,097	\$	183,196	\$	(28,900)	\$	424,194	\$	433,862	\$	9,669	\$	234,078	\$	433,862	85%
Admin Fees - Campus Programs	168,000	42,000		59,154		17,154		84,000		117,545		33,545		138,517		117,545	-15%
Bookstore Net Revenue	355,500	17,775		28,249		10,474		177,750		177,877		127		189,252		177,877	-6%
Other Commercial Services Revenues	155,650	38,913		33,554		(5,359)		77,825		44,327		(33,498)	ī	61,118		44,327	-27%
Investment Income	22,500	5,625		16,545		10,920		11,250		(10,274)		(21,524)		(1,450)		(10,274)	609%
Exchange of Value - CSUSM	327,529	81,882		81,883		0		163,765		163,765		0		37,211		163,765	340%
Exchange of Value - Foundation	18,000	4,500		326		(4,500)		9,000		-		(9,000)		100			-
Center for Children & Family (CCLC)	50,000	12,500		10,000		(2,500)		25,000		22,500		(2,500)				22,500	- 1
Other Revenue	77,096	19,274		11,246		(8,028)		38,548		22,500		(16,048)	1	22,131		22,500	2%
Total Revenue	\$ 2,022,662	\$ 434,566	\$	423,827	\$	(10,738)	\$	1,011,331	\$	972,102	\$	(39,229)	\$	680,857	\$	972,102	43%
Post-Retirement	\$ 103,992	\$ 25,998		25,284		714		51,996		58,620		(6,624)				58,620	×
Expenses: UARSC Operations	1,735,672	433,918		426,427		7,491		867,836		872,510		(4,674)		696,392		872,510	25%
Net Operating Revenues	\$ 182,998	\$ (25,351)	\$	(27,884)	\$	(2,534)	\$	91,499	\$	40,972	\$	(50,527)	\$	(15,535)	\$	40,972	-364%

University Auxiliary and Research Services Corporation Program Revenue Activity Summary 7/1/15 to 12/31/15

Program Activity	Annual Budget FY 15/16	10 Budget	Quarter 2 0/1/15 - 12/31/ Actual	15 Variance
Grants/Contracts				
Federal	\$ 6,489,685	\$ 1,622,421	\$ 1,635,354	\$ 12,933
Other Grants/Contracts	1,102,164	275,541	84,047	(191,494)
Total Grants/Contracts	\$ 7,591,849	\$ 1,897,962	\$ 1,719,401	\$ (178,561)
Campus/Designated Programs	\$ 2,512,260	\$ 628,065	\$ 833,173	\$ 205,108
Total Program Revenues	\$ 10,104,109	\$ 2,526,027	\$ 2,552,574	\$ 26,547

		Year To Dat 5 to 12/31/2	_						
Budget Actual Variance									
\$ 3,244,843	\$	3,370,588	\$	125,746					
551,082		690,378		139,296					
\$ 3,795,925	\$	4,060,966	\$	265,042					
\$ 1,256,130	\$	1,643,188	\$	387,058					
\$ 5,052,055	\$	5,704,154	\$	652,100					

	•		rior FYTD Act YTD Actual	ual to
1	Prior FYTD 2/31/2014	1	Current FYTD 2/31/2015	% Inc. (Dec.)
\$	2,301,353	\$	3,370,588 690.378	46% 122%
\$	311,273 2,612,626	\$	4,060,966	55%
\$	1,621,562 4,234,188	\$	1,643,188 5,704,154	1% 35%

ATTACHMENT D

Revision to 2015/2016 Budget Additional Notes

UARSC ADMIN BUDGET FY 2015-16 Revised Budget Revision Date 2-11-16

]	FY 2015-1	16 UARSC Admi	n Budget		FY 15/16	PROPOSED	BUDGET	Comments
	FY 2015-16 UARSC Admin Budget Board Approved September 2015	FY 2015-16 Sponsored Proj Budget Board Approved September 2015	FY 2015-16 UARSC Admin Combined Budget Board Approved September 2015	FY 2015-16 UARSC Admin Total Actuals as of 12-31-15	FY 2015-16 UARSC Admin Budget Mid- Year Adj	FY 2015-16 UARSC Admin Budget Mid- Year Adj OSP	FY 2015-16 UARSC Admin Revised Budget	
Revenues Investment Interest	22,500		22,500	(10.274)			22.500	
Commissions Coffee Cart	35,000		35,000	16.899			35.000	
Commissions ATM (WF & Allstate)	12,000		12,000	5,869			12,000	
Commissions AT&T	6,650		6,650		(6,650)		0	1
Commissions Follett	355,500		355,500	177,877		E.	355,500	
Commissons Pepsi	64,500		64,500	14,327			64,500	
Commissions First Class Vending	17,500		17,500	7,231			17,500	
Commissions Catering	20,000		20,000		(10,000)		10,000	2
Rev Other Miscellaneous	15,834		15.834		(15,834)		0	3
Space Rental	44,262		44,262	22,500	94,830		139,092	4
Project Revenue Exchange of Value - Campus	17,000 345,529		17,000	163,765	(17,000)		0 350,587	5
CCLC Campus	50,000		345,529 50,000	22,500	5,058 (5,000)		45,000	6
Overhead Admin Fee-Campus Program			168,000	117,545	(5,000)		168,000	
Indirect Cost - Sponsored Projects		1,081,872.00	1,081,872	550,605			1,081,872	
Indirect Allocation-Sponsored Projects		(233,485.00)	(233,485)	(116,743)			(233,485)	
Total Revenues	1,174,275	848,387	2,022,662	972,101	45,404			
Total Revenues	1,174,275	040,307	2,022,002	972,101	45,404		2,068,066	
Expenditures	_							
Salaries	271,849	346,762	618,611	313,057	(6,844)		611,767	8
Benefits	143,936	138,792	282,728	178,612	1,511	69,949	354,188	9
Telephone	7,060	1,560	8.620	4,231			8,620	
Utilities	76,011		76,011	38,006	(17,907)		58,104	10
Travel & Meetings	9,000	6,150	15,150	5,216			15,150	
Contractual Services	91,920	20,000	111,920	43,101	(19,700)		92,220	11
Membership Dues & Subscriptions	4,160	895	5.055				5,055	
	1,100	093	5,055				0,000	
Postage & Freight	4,500	695	4,500	1,386			4,500	
Postage & Freight Printing		093		1,386 537				
Postage & Freight	4,500 1,200 7,500	090	4,500 1,200 7,500				4,500 1,200 7,500	
Postage & Freight Printing	4,500 1,200	090	4,500 1,200	537	(12,000)		4,500 1,200	12
Postage & Freight Printing Loan Interest Charges Bank Service Charges Insurance Premium	4,500 1,200 7,500 22,250 53,834	4,000	4,500 1,200 7,500 22,250 57,834	537 7,500 9,995 8,576	(18,786)		4,500 1,200 7,500 10,250 39,048	12 13
Postage & Freight Printing Loan Interest Charges Bank Service Charges Insurance Premium Space Rental	4,500 1,200 7,500 22,250 53,834 39,762		4,500 1,200 7,500 22,250 57,834 44,262	537 7,500 9,995 8,576 44,497			4,500 1,200 7,500 10,250 39,048 176,307	
Postage & Freight Printing Loan Interest Charges Bank Service Charges Insurance Premium Space Rental Recruitment	4,500 1,200 7,500 22,250 53,834 39,762 3,000	4,000	4,500 1,200 7,500 22,250 57,834 44,262 3,000	537 7,500 9,995 8,576 44,497 990	(18,786)		4.500 1,200 7,500 10,250 39,048 176,307 3,000	13
Postage & Freight Printing Loan Interest Charges Bank Service Charges Insurance Premium Space Rental Recruitment Community Relations & Support	4,500 1,200 7,500 22,250 53,834 39,762 3,000 6,000	4,000 4,500	4,500 1,200 7,500 22,250 57,834 44,262 3,000 6,000	537 7,500 9,995 8,576 44,497 990	(18,786)		4.500 1.200 7,500 10,250 39,048 176,307 3,000 6,000	13
Postage & Freight Printing Loan Interest Charges Bank Service Charges Insurance Premium Space Rental Recruitment Community Relations & Support SupSvc Payroll Fees	4,500 1,200 7,500 22,250 53,834 39,762 3,000 6,000 9,893	4,000 4,500 29,680	4,500 1,200 7,500 22,250 57,834 44,262 3,000 6,000 39,573	537 7,500 9,995 8,576 44,497 990 73	(18,786)		4.500 1.200 7,500 10,250 39,048 176,307 3,000 6,000 39,573	13
Postage & Freight Printing Loan Interest Charges Bank Service Charges Insurance Premium Space Rental Recruitment Community Relations & Support SupSvc Payroll Fees Supplies & Services	4,500 1,200 7,500 22,250 53,834 39,762 3,000 6,000 9,893 22,050	4,000 4,500	4,500 1,200 7,500 22,250 57,834 44,262 3,000 6,000 39,573 31,750	537 7,500 9,995 8,576 44,497 990 73 41,397 10,495	(18,786)		4,500 1,200 7,500 10,250 39,048 176,307 3,000 6,000 39,573 31,750	13
Postage & Freight Printing Loan Interest Charges Bank Service Charges Insurance Premium Space Rental Recruitment Community Relations & Support SupSvc Payroll Fees	4,500 1,200 7,500 22,250 53,834 39,762 3,000 6,000 9,893	4,000 4,500 29,680	4,500 1,200 7,500 22,250 57,834 44,262 3,000 6,000 39,573	537 7,500 9,995 8,576 44,497 990 73	(18,786)		4.500 1.200 7,500 10,250 39,048 176,307 3,000 6,000 39,573	13
Postage & Freight Printing Loan Interest Charges Bank Service Charges Insurance Premium Space Rental Recruitment Community Relations & Support SupSvc Payroll Fees Supplies & Services Commercial Services Repair & Maint Campus Support Operations	4,500 1,200 7,500 22,250 53,834 39,762 3,000 6,000 9,893 22,050 29,868 201,279	4,000 4,500 29,680 9,700 218,053	4,500 1,200 7,500 22,250 57,834 44,262 3,000 6,000 39,573 31,750 29,868 419,332	537 7,500 9,995 8,576 44,497 990 73 41,397 10,495 3,408 209,666	(18,786)		4,500 1,200 7,500 10,250 39,048 176,307 3,000 6,000 39,573 31,750 29,868 419,332	13
Postage & Freight Printing Loan Interest Charges Bank Service Charges Insurance Premium Space Rental Recruitment Community Relations & Support SupSvc Payroll Fees Supplies & Services Commercial Services Repair & Maint Campus Support Operations Computer Refresh	4,500 1,200 7,500 22,250 53,834 39,762 3,000 6,000 9,893 22,050 29,868 201,279 16,850	4,000 4,500 29,680 9,700	4,500 1,200 7,500 22,250 57,834 44,262 3,000 6,000 39,573 31,750 29,868 419,332 22,000	537 7,500 9,995 8,576 44,497 990 73 41,397 10,495 3,408	(18,786) 132,045		4,500 1,200 7,500 10,250 39,048 176,307 3,000 6,000 39,573 31,750 29,868 419,332	13
Postage & Freight Printing Loan Interest Charges Bank Service Charges Insurance Premium Space Rental Recruitment Community Relations & Support SupSvc Payroll Fees Supplies & Services Commercial Services Repair & Maint Campus Support Operations Computer Refresh Campus Relations	4,500 1,200 7,500 22,250 53,834 39,762 3,000 6,000 9,893 22,050 29,868 201,279 16,850 32,500	4,000 4,500 29,680 9,700 218,053 5,150	4,500 1,200 7,500 22,250 57,834 44,262 3,000 6,000 39,573 31,750 29,868 419,332 22,000 32,500	537 7,500 9,995 8,576 44,497 990 73 41,397 10,495 3,408 209,666 10,387	(18,786) 132,045		4,500 1,200 7,500 10,250 39,048 176,307 3,000 6,000 39,573 31,750 29,868 419,332	13
Postage & Freight Printing Loan Interest Charges Bank Service Charges Insurance Premium Space Rental Recruitment Community Relations & Support SupSvc Payroll Fees Supplies & Services Commercial Services Repair & Maint Campus Support Operations Computer Refresh	4,500 1,200 7,500 22,250 53,834 39,762 3,000 6,000 9,893 22,050 29,868 201,279 16,850	4,000 4,500 29,680 9,700 218,053	4,500 1,200 7,500 22,250 57,834 44,262 3,000 6,000 39,573 31,750 29,868 419,332 22,000	537 7,500 9,995 8,576 44,497 990 73 41,397 10,495 3,408 209,666	(18,786) 132,045	69,949	4,500 1,200 7,500 10,250 39,048 176,307 3,000 6,000 39,573 31,750 29,868 419,332	13

UARSC Budget Adjustment Comments Fiscal Year 15/16 as of 12-31-15

Revision Date 2-11-16

REVENUE

AT&T Revenue There was a contract change with AT&T in 2013. That contract paid a commission 1 split of 5% to UARSC and 5% in discount to Students. AT&T was paying UARSC the 5% in error from 2013 up until June of 2015 simultaneously discounting Student AT&T accounts at the full 10%. AT&T has now discontinued paying UARSC this commission resulting in the reduction of revenue for UARSC. 2 Catering Commission Implementation of the Preferred Catering program was delayed and the reduction in revenue represents a more realistic expectation for this Fiscal Year. S (1 Rev Other Miscellaneous Management diiscussed and concluded that \$15,834 (which represents a 3 reimbursement of Insurance premium by the Child Care Center) is not truly a revenue and should be moved down into expenses thereby reducing the overall Insurance expense. See corresponding comment 13. \$ (1) Space Rental Management discussed and concluded that to better reflect the Lease wherein 4 Campus leases space from UARSC in the Carmel building this adjustment is appropriate. See corresponding comment 14. The net effect is building management revenue of \$6,780 for Fiscal Year 15/16. Project Revenue Management diiscussed and concluded that \$17,000 (which represents a 5 reimbursement of Utility costs by the University Store - Follett) is not truly a revenue and should be moved down into expenses thereby reducing the overall Utility expense. See corresponding comment 10. \$ (1) Exhange of Value An Amendment was executed to increase the Exchange of Value between UARSC 6 with Campus. The adjustment reflects an increase of \$5,000 in CCR funds that go back to the Campus and \$58 in Business Financial Services. See corresponing comment 15. CCLC		
There was a contract change with AT&T in 2013. That contract paid a commission split of 5% to UARSC and 5% in discount to Students. AT&T was paying UARSC the 5% in error from 2013 up until June of 2015 simultaneously discounting Student AT&T accounts at the full 10%. AT&T has now discontinued paying UARSC this commission resulting in the reduction of revenue for UARSC. 2	\$	
Implementation of the Preferred Catering program was delayed and the reduction in revenue represents a more realistic expectation for this Fiscal Year. \$ (1) Rev Other Miscellaneous Management diiscussed and concluded that \$15,834 (which represents a reimbursement of Insurance premium by the Child Care Center) is not truly a revenue and should be moved down into expenses thereby reducing the overall Insurance expense. See corresponding comment 13. \$ (1) Space Rental Management discussed and concluded that to better reflect the Lease wherein Campus leases space from UARSC in the Carmel building this adjustment is appropriate. See corresponding comment 14. The net effect is building management revenue of \$6,780 for Fiscal Year 15/16. \$ 9 Project Revenue Management diiscussed and concluded that \$17,000 (which represents a reimbursement of Utility costs by the University Store - Follett) is not truly a revenue and should be moved down into expenses thereby reducing the overall Utility expense. See corresponding comment 10. \$ (1) Exhange of Value An Amendment was executed to increase the Exchange of Value between UARSC with Campus. The adjustment reflects an increase of \$5,000 in CCR funds that go back to the Campus and \$58 in Business Financial Services. See corresponing comment 15. \$ CCLC	(6,650)	\$
Management discussed and concluded that \$15,834 (which represents a reimbursement of Insurance premium by the Child Care Center) is not truly a revenue and should be moved down into expenses thereby reducing the overall Insurance expense. See corresponding comment 13. \$ (1) Space Rental Management discussed and concluded that to better reflect the Lease wherein Campus leases space from UARSC in the Carmel building this adjustment is appropriate. See corresponding comment 14. The net effect is building management revenue of \$6,780 for Fiscal Year 15/16. \$ 9 Project Revenue Management diiscussed and concluded that \$17,000 (which represents a reimbursement of Utility costs by the University Store - Follett) is not truly a revenue and should be moved down into expenses thereby reducing the overall Utility expense. See corresponding comment 10. \$ (1) Exhange of Value An Amendment was executed to increase the Exchange of Value between UARSC with Campus. The adjustment reflects an increase of \$5,000 in CCR funds that go back to the Campus and \$58 in Business Financial Services. See corresponing comment 15. \$ CCLC	(10,000)	\$
Space Rental Management discussed and concluded that to better reflect the Lease wherein Campus leases space from UARSC in the Carmel building this adjustment is appropriate. See corresponding comment 14. The net effect is building management revenue of \$6,780 for Fiscal Year 15/16. Project Revenue Management diiscussed and concluded that \$17,000 (which represents a reimbursement of Utility costs by the University Store - Follett) is not truly a revenue and should be moved down into expenses thereby reducing the overall Utility expense. See corresponding comment 10. Exhange of Value An Amendment was executed to increase the Exchange of Value between UARSC with Campus. The adjustment reflects an increase of \$5,000 in CCR funds that go back to the Campus and \$58 in Business Financial Services. See corresponing comment 15. CCLC	(15,834)	\$
Project Revenue Management diiscussed and concluded that \$17,000 (which represents a reimbursement of Utility costs by the University Store - Follett) is not truly a revenue and should be moved down into expenses thereby reducing the overall Utility expense. See corresponding comment 10. \$ (1 Exhange of Value An Amendment was executed to increase the Exchange of Value between UARSC with Campus. The adjustment reflects an increase of \$5,000 in CCR funds that go back to the Campus and \$58 in Business Financial Services. See corresponing comment 15. \$ CCLC	94,830	\$
An Amendment was executed to increase the Exchange of Value between UARSC with Campus. The adjustment reflects an increase of \$5,000 in CCR funds that go back to the Campus and \$58 in Business Financial Services. See corresponing comment 15. \$\$CCLC\$	(17,000)	
	5,058	\$
	(5,000) 45,40 4	

UARSC Budget Adjustment Comments Fiscl Year 15/16 as of 12-31-15 - Page 2

Revision Date 2-11-16

EXPENSES

Comment		
#	Comment	\$
	Salaries	
8	This adjustment is related to Greg Svatora's projection vs. actual cost at retirement	
	for salary and reflects actual.	\$ (6,844)
9	Benefits	
9	This adjustment has 2 components.	
	(1) Projection vs. Actual for Greg Svatora benefits at retirement (reduction in	
	expense of \$4,933) in addition to overall Post Retirement increase for UARSC Admin	
	(increase in expense of \$6,444).	\$ 1,511
	(2) Post Retirement per the Actuary's report issued November 12, 2015. The	
	expense is split between OSP total \$69,949 and UARSC Admin total \$47,291, based	
	on participant split for a total expense Fiscal Year 15/16 of \$117,240.	\$ 69,949
10	Utilities	
10	This is a reduction in expense corresponding to comment 5.	\$ (17,907)
	Contractual Services	
11	Management discussed and concluded that the need for Contractual Services is	
	lower than projected.	\$ (19,700)
	Bank Service Charges	
12	Service charges increased in July of 2015 and upon investigation it was found that	
	UARSC was being overcharged. The Bank has agreed to adjust the account resulting	
	in a zero expense in fees for the remainder of Fiscal Year 15/16.	\$ (12,000)
13	Insurance Premium	
	This adjustment has 2 components.	
	(1) A reduction in expense corresponding to comment 3.	\$ (15,834)
	(2) The insurance premium was projected higher than actual.	\$ (2,952)
	Space Rental	
14	Management discussed and concluded that the UARSC lease for the Carmel building	
	(3rd Party) should be recognized on the budget in addition to the expense for	
	UARSC's lease for space on Campus. See corresponding comment 4.	\$ 132,045
15	Campus Relations (CCR)	
	See comment 6.	\$ 5,000
	TOTAL Expense Adjustments	\$ 133,268

TOTAL Revenue Adjustments	* \$	(45,404)
TOTAL Expense Adjustments	\$	133,268
Net Adjustments	\$	87,864

ATTACHMENT E

Revision to Property Control Policy
Current Property Control Policy for reference



PROPERTY CONTROL POLICY

Purpose

University Auxiliary and Research Services Corporation (UARSC) has established guidelines for property purchases and donations and defined the responsibilities and obligations of UARSC and its Project Directors in regard to the custody and control of property. This includes a Triennial Property Verification Program (every three years), the maintenance of accurate records, property identification (tagging) and guidelines for proper handling of property and related record keeping.

The Property Control Policy described below establishes a system used to identify and track property purchased by or donated to UARSC including but not limited to gifts of art/real estate, equipment used on research grants, computer/office equipment and furniture, in addition to commercial operations property. Such a system shall ensure appropriate reporting and approval by UARSC Executive Director or designee.

Property Control Policy

Property with a cost of \$5,000 or more that benefit or provide services of one year or more will be capitalized, tracked, and tagged. Property with a cost of \$2,500 or more that benefit or provide services of one year or more will be tagged and tracked but not capitalized. Property cost includes the purchase price plus all costs to acquire, install, and prepare the property for the intended use.

Project Directors are responsible for all property purchased for their project(s) and must report the location, transfer, trade-in, loss (theft), or non-use/obsolescence of the property to UARSC using the Property Transfer Form. Project Directors will be required to follow the property control policy.

The Project Director is responsible for the security and control of any property or equipment less than \$2,500 (including theft sensitive items) in regard to recordkeeping, inventory, and safekeeping. Property and equipment with a cost of \$2,500 or less will not be tagged.

Tagging and Tracking

UARSC will utilize Campus Materials Management for property control services related to receiving, tagging, and inventory service needs. Whether an item is tagged or not will be determined by Materials Management utilizing UARSC's criteria for Property Control.

Materials Management will record all the pertinent information required within the property control database for property valued at \$2,500 or more and be responsible for ensuring the physical tagging of the property.

Auxiliary Accounting will maintain records of property including acquisition costs, useful life, depreciation schedules, disposals, and reporting for Financials. Reconciliations shall be reviewed with UARSC quarterly.

Donated property will be listed as "donated" in the property control database along with an estimated value and useful life.

Triennial Property Verification Program

As a part of the Triennial (every three years) Property Verification Program, Materials Management and Project Directors will do a physical count of all property tagged and tracked in the property control database. A Property Report will be issued to the appropriate Project Directors prior to the physical count at which time any corrections will be submitted to UARSC. This verification program will take place in March or April every three years.

Sales/Dispositions/Transfers/Stolen Property

Authorization must be given to the Project Director by UARSC to sell, dispose or transfer any property.

The Office of Sponsored Programs will, at the end of the project period/close out (depending on any further requirements of the funder), initiate the transfer of all capitalized equipment to CSUSM using the Property **Trans**fer Form.

Project Directors must notify UARSC of any transfers or disposals of property by using the Property Transfer Form. This includes lost, stolen or destroyed property.

Revision Dates: 06/07; 11/1/07; name change only 2009; 02/27/14, DRAFT 2-2016

Issue Date: 03/28/02

This policy was originally part of the "Fixed Asset and Property Control Policy." That policy was separated into two policies.



PROPERTY CONTROL POLICY AND PROCEDURE

Purpose

University Auxiliary and Research Services Corporation (UARSC) has established guidelines for property purchases and donations and defined the responsibilities and obligations of UARSC and its Project Directors in regard to the custody and control of property. This includes a Triennial biennial Peroperty Vverification Perogram (every three years), the maintenance of accurate records, property identification (tagging) and guidelines for proper handling of property and related record keeping.

The Property Control Policy described below establishes a system used to identify and track property <u>purchased</u> owned by or donated to UARSC including but not limited to gifts of art/real estate, equipment used on research grants, computer/office equipment and furniture, in addition to commercial operations property. Such a system shall ensure appropriate reporting and approval by UARSC Executive Director or designee.

Property Control Policy

Property with an expected useful life of one or more years with an acquisition cost or donated value of \$2,500 or greater is tagged and tracked through the property control system. Property with a cost of \$5,000 or more that benefit or provide services of one year or more will be capitalized, tracked, and tagged. Property with a cost of \$2,500 or more that benefit or provide services of one year or more will be tagged and tracked but not capitalized. Property cost includes the purchase price plus all costs to acquire, install, and prepare the property for the Intended use. which, effective July 1, 2014, will also include property or equipment purchased with sponsored projects or campus program funds in addition to commercial operations property.

Project Directors are responsible for all property purchased for their project(s) and must report the location, transfer, trade-in, loss (theft), or non-use/obsolescence of the property to UARSC's using the Property Transfer Form. Project Directors will be required to follow the property control policy, procedure below which includes affixing property control tags and reporting.

Project Oirectors shall make adequate provision for the physical security of all property in their custody.-Areas where property is located shall be kept locked after business hours or other times when not in use. Special precautions shall be taken in the case of any high-value, portable property.

Property Control Policy and Procedure

Page 1 of 3

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The Project Director is responsible for the security and control of any property or equipment less than \$2,500 (including theft sensitive items) in regard to recordkeeping, inventory, and safekeeping. Property and equipment with a cost of \$2,500 or less will not be tagged.

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Tagging and Tracking-Procedures

The Property Coordinator UARSC will utilize Campus Materials Management for property control services related to receiving, tagging, and inventory service needs. is supplied with copies of procurement documents (purchase order, check request, etc.) that identify property that may need tagging and database entry. Whether an item is tagged or not will be determined by Materials Management the Property Coordinator utilizing UARSC's criteria for Inventory Property Control. These criteria include, but are not limited to product description, total amount of the item and expenditure code. UARSC may agree to utilize the campus Materials Management department for property control services related to receiving, tagging, and inventory service needs.

Materials Management will record all the pertinent information required within the property control database for property valued at \$2,500 or more and be responsible for ensuring the physical tagging of the property. the Property Coordinator the following information into the database

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• Tag number

Purchase order-number or other-procurement-information

Date of purchase order or procurement documentation

Fiscal Year

Number of property pieces included in Tag Number

Location of property

Project Director or Equipment Assignee

Vendor-name

Amount of purchase

Description of property

The Property Coordinator will

issue the full tagging labels and Property Tag Receipt Forms to the Project Director who is then responsible for physically tagging the property.

The Property Tag Receipt must be returned to UARSC within ten (10) days of receipt.

Property Control Policy and Procedure Page 2 of 3

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spacing; single

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Because computers require annual maintenance agreements with University HTS for-Formatted: Indent: Left: -0.25" campus network connection and support, computer purchases of \$2,500 or greater will betagged as University property upon delivery to University receiving. Auxiliary Accounting will maintain records of property including acquisition costs, useful + Formatted: No bullets or numbering life, depreciation schedules, disposals, and reporting for Financials. Reconciliations shall be reviewed with UARSC quarterly. The Project Director is responsible for the security and control of any property or Formatted: No bullets or numbering equipment less than \$2,500 (including theft sensitive items) in regard to recordkeeping, inventory, and safekeeping Property and equipment with a cost of \$2,500 or less will not be tagged. All tags should be adhered to the property within easy viewing/access. Formatted: Indent: Hanging: 0.25", No bullets or numberina -Donated property will be listed as "donated" in the property control database along Formatted: Font: +Body (Calibri) with an estimated value and useful life. Formatted: Indent: Hanging: 0.25", No bullets or numbering Any changes to the database information above must be reported to the Property-Formatted: List Paragraph, Right: 0", No bullets or Coordinator using the Property Status Change Form as soon as possible. numbering, Allow hanging punctuation, Tab stops: Not **Biennial Triennial Property Verification Program** Formatted: Indent: Left: 0" As a part of the **eigenmal Triennial** (every two three years) Property Verification Program, the Formatted: Indent: Left: 0" Property Coordinator Materials Management and Project Directors will do a physical count of all property tagged and tracked in the property control system database. A Property Report will be issued to the appropriate Project Directors prior to the physical count at which time any corrections will be submitted to UARSC-requiring them to review the report and submit any corrections to the Property Coordinator within 30 days of receipt. This verification program will take place in March or April of every other three years. Sales/Dispositions/Transfers/Stolen Property Formatted: Indent: Left: 0" Authorization must be given to the Project Director by UARSC to sell, dispose or transfer Formatted: Font: +Body (Calibri) any property. Formatted: No bullets or numbering The Office of Sponsored Programs will, at the end of the project period/close out (depending on any further requirements of the funder), initiate the transfer of all capitalized equipment to CSUSM using the Property Transfer Form. Formatted: Font: +Body (Calibri), 12 pt Formatted: Font: +Body (Calibri) Project Directors must notify UARSC of any transfers or disposals of property by using Formatted: Line spacing: Exactly 14 pt, No bullets or the Property Transfer Status Change Form. This includes lost, stolen or destroyed property. numberina The form should be completed and have the bar coded property tag affixed before submittal-Formatted: Font: +Body (Calibri), 12 pt to UARSC for review and approval. Formatted: Right: 0.28" Lost, stolen or destroyed property must be reported to the UARSC Property Coordinator Formatted: Font: +Body (Calibri) immediately. Formatted: Font: +Body (Calibri), 12 pt Formatted: Tab stops: 5.97", Left Property Control Policy and Procedure Page 3 of 3

Revision Dates: 06/07; 11/1/07; name change only 2009; 02/27/14 $\underline{{\tt DRAFT~2-2016}}$ -Issue Date: 03/28/02

 $This policy was originally \ part of the \ "Fixed Asset \ and \ Property \ Control \ Policy." \ That \ policy \ was \ separated \ into \ two \ policies.$

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ATTACHMENT F

Revision to Joint Audit Committee Charge Current Joint Audit Committee Charge for reference

University Auxiliary and Research Services Corporation California State University San Marcos Foundation Associated Students Inc.

Joint Audit Committee Charge

Background and Purpose

The Joint Audit Committee ("the Committee") oversees internal financial control practices, corporate compliance activities, and outside auditors for the Boards of Directors of the University Auxiliary and Research Services Corporation ("UARSC"), the California State University San Marcos Foundation ("Foundation") and Associated Students Inc. ("ASI") respectively. A joint committee has been formed to take advantage of efficiencies available with respect to use of time from staff and Board members, as well as costs of outside auditing to the auxiliaries.

Delegation of Authority and Responsibility

The Boards delegate to the committee the responsibility to accomplish the following:

- Review and assess the adequacy of the charge and recommend any proposed changes to the Boards of UARSC, Foundation and ASI.
- Participate in the selection or discharge of the external auditor.
- Review policies and procedures as needed for the purpose of assuring the adequacy of internal controls and financial operating procedures.
- Review the annual audited financial statements with the outside auditors, including any issues encountered in conducting the audit and make a recommendation to the respective auxiliary boards for acceptance.
- Review the annual informational Federal Form 990s, as prepared by the contracted auditors in conjunction with the annual financial audit, and make a recommendation to the respective auxiliary boards for acceptance.
- Review and discuss any management letter or any communication letters provided by the outside auditor and responses provided by management.
- Report to the respective auxiliary Boards and make recommendations to the Boards periodically on matters within its responsibility.
- Initiate special sessions for purposes of private discussion with the outside auditors or any member of management or the auxiliary Boards as required by special and/or unusual circumstances or events.
- Report to the respective auxiliary Boards as situations require, such matters as conflict of interest, private inurement or other insider transactions, the use of the organization's funds for illegal payment, and

- any other questionable practices that may come to the Committee's attention.
- Inform the respective Boards of developments in accounting principles that will affect the auxiliaries, as well as relevant rulings by the IRS and other regulatory bodies.

Audit Committee Membership

The Committee will be composed of at least five members. Two UARSC Board members, one Foundation Board member and two ASI Board members. The Committee may include additional auxiliary Board members or persons who are non-auxiliary Board members as appropriate. The auxiliaries shall appoint members annually or as specified by their respective auxiliary. The Chair of the Committee will not be a member of a finance committee of their respective auxiliary. The Committee will not include members of auxiliary or University staff, though staff members are permitted to attend meetings. At the end of each meeting, time will be provided in which the Committee may converse separately with the auditors without the presence of staff.

A guorum will consist of 50% of the committee

Meetings

The Committee will meet at least three times per year: prior to audit work beginning, to receive the annual financial audit reports and to review the Form 990s. Ad hoc additional meetings will be held as required by circumstances that may arise.

Revision to remove UCorp only effective 8/12/14 on 01/20/16

Revision for UARSC/ASI only approved by JAC Committee on 08/13/13, effective date tbd

Revision approved by JAC Committee on 08/13/13

Revision approved by the CSUSM Foundation (philanthropic) Board of Directors on 6/9/10

Revision approved by the UARSC Board of Directors on 5/27/10

Revision approved by the ASI Board of Directors on 5/24/10

Revision approved by the San Marcos University Corporation Board of Directors on 4/14/10

Revision approved by the UARSC Board of Directors on 3/25/10

Revision approved by the new CSUSM Foundation (philanthropic) Board of Directors on 3/12/10

Name change revision only (CSUSM Foundation to UARSC) 7/09

Revision approved by the CSUSM Foundation (UARSC) Board of Directors on 8/24/0Revision approved by the San Marcos University Corporation Board of Directors on 7/12/06

Approved by the CSUSM Foundation (UARSC) Board of Directors on 5/26/05

Approved by the San Marcos University Corporation Board of Directors on 4/20/05

University Auxiliary and Research Services Corporation <u>California State University San Marcos Foundation</u> Associated Students Inc.

Approved by Joint-Audit-Committee on 08/13/13 - UARSC/ASI only

This revision (removing the UCorp and Foundation auxiliaries), will become effective on 1/1/14 or at such time, before or after, that UCorp and Foundation have established and staffed their new separate audit committees.

Joint Audit Committee Charge

Background and Purpose

The Joint Audit Committee ("the Committee") oversees internal financial control practices, corporate compliance activities, and outside auditors for the Boards of Directors of the University Auxiliary and Research Services Corporation ("UARSC"), the California State University San Marcos Foundation ("Foundation") and Associated Students Inc. ("ASI") respectively. A joint committee has been formed to take advantage of efficiencies available with respect to use of time from staff and Board members, as well as costs of outside auditing to the auxiliaries.

Delegation of Authority and Responsibility

The Boards delegate to the committee the responsibility to accomplish the following:

- Review and assess the adequacy of the charge and recommend any proposed changes to the Boards of UARSC, Foundation and ASI.
- Participate in the selection or discharge of the external auditor.
- Review policies and procedures as needed for the purpose of assuring the adequacy of internal controls and financial operating procedures.
- Review the annual audited financial statements with the outside auditors, including any issues encountered in conducting the audit and make a recommendation to the respective auxiliary boards for acceptance.
- Review the annual informational Federal Form 990s, as prepared by the contracted auditors in conjunction with the annual financial audit, and make a recommendation to the respective auxiliary boards for adoptionacceptance.
- Review and discuss any management letter or any communication letters provided by the outside auditor and responses provided by management.
- Report to the respective auxiliary Boards and make recommendations to the Boards periodically on matters within its responsibility.

- Initiate special sessions for purposes of private discussion with the outside auditors or any member of management or the auxiliary Boards as required by special and/or unusual circumstances or events.
- Report to the respective auxiliary Boards as situations require, such matters as conflict of interest, private inurement or other insider transactions, the use of the organization's funds for illegal payment, and any other questionable practices that may come to the Committee's attention.
- Inform the respective Boards of developments in accounting principles that will affect the auxiliaries, as well as relevant rulings by the IRS and other regulatory bodies.

Audit Committee Membership

The Committee will be composed of at least **four five** members. Two will be UARSC Board members, one Foundation Board member and two will be ASI Board members. The Committee may include additional auxiliary Board members or persons who are non-auxiliary Board members as appropriate. The auxiliaries shall appoint members annually or as specified by their respective auxiliary. The Chair of the Committee will not be a member of a finance committee of their respective auxiliary. The Committee will not include members of auxiliary or University staff, though staff members are permitted to attend meetings. At the end of each meeting, time will be provided in which the Committee may converse separately with the auditors without the presence of staff.

A quorum will consist of 50% of the committee

Meetings

The Committee will meet at least three times per year: prior to audit work beginning, to receive the annual financial audit reports and to review the Form 990s. Ad hoc additional meetings will be held as required by circumstances that may arise.

Revision to remove UCorp only effective 8/12/14 on 01/20/16

Revision for UARSC/ASI only approved by JAC Committee on 08/13/13, effective date tbd Revision approved by JAC Committee on 08/13/13

Revision approved by the CSUSM Foundation (philanthropic) Board of Directors on 6/9/10
Revision approved by the UARSC Board of Directors on 5/27/10
Revision approved by the ASI Board of Directors on 5/24/10
Revision approved by the San Marcos University Corporation Board of Directors on 4/14/10
Revision approved by the UARSC Board of Directors on 3/25/10
Revision approved by the new CSUSM Foundation (philanthropic) Board of Directors on 3/12/10
Name change revision only (CSUSM Foundation to UARSC) 7/09
Revision approved by the CSUSM Foundation (UARSC) Board of Directors on 8/24/066
Revision approved by the San Marcos University Corporation Board of Directors on 7/12/06
Approved by the San Marcos University Corporation Board of Directors on 4/20/05



ATTACHMENT G

Form 990 Tax Return FY 14/15

Form **990**

Return of Organization Exempt From Income Tax

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

2014
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.
 ▶ Information about Form 990 and Its Instructions is at www.irs.gov/form990.

and ending JUN 30, 2015 A For the 2014 calendar year, or tax year beginning JUL 1, 2014 Check if applicable: D Employer identification number C Name of organization UNIVERSITY AUXILIARY AND RESEARCH Address change SERVICES CORPORATION Name change 33-0397688 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 435 E CARMEL STREET 760-750-4700 termin ated 12,553,148. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended SAN MARCOS, CA 92078 H(a) Is this a group return Applica-F Name and address of principal officer: BELLA NEWBERG for subordinates? Yes X.No pendina H(b) Are all subordinates included? Yes No SAME AS C ABOVE Tax-exempt status: X 501(c)(3) 501(c) (527) (insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) J Website: ► WWW. CSUSM . EDU / UARSC **H(c)** Group exemption number ▶ organization: X Corporation Trust Association Other L Year of formation: 1990 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE FINANCIAL AND PROGRAM Governance ADMINISTRATIVE SUPPORT TO CALIFORNIA STATE UNIVERSITY SAN MARCOS. 2 Check this box Image if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 3 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 577 5 Total number of individuals employed in calendar year 201st (Part V, line 2a) 5 38 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 7,442,989. Contributions and grants (Part VIII, line 1h) 7,442,507. Revenue 3,230,882. Program service revenue (Part VIII, line 2g) 2,356,413. 29,928. -2,050.Investment income (Part VIII, column (A), lines 3, 4, and 7d) 419,534. 44,988. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,248,382. 10,716,809. Total revenues add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,214. 20,709. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 6.582.578. 6.425.767. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 4,188,681. 4,669,265. 17 Other expenses (Part IX, column (A), lines 11a-1sl d, 11s24e) 11,115,741. 10,779,473. 18 Total expenses, Add lines 13:1s (must equal Part IX, column (A), line 25) -398,932. -531,091. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20,745,961. 12,726,349. 20 Total assets (Part X, line 16) 5,237,196. 12,876,403 Total liabilities (Part X, line 26) let ind 7,489,153. 7,869,558. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Sign BELLA NEWBERG, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature Check 02/04/16 Paid self-employed Firm's name AKT LLP Preparer Firm's EIN Firm's address 7676 HAZARD CENTER DRIVE, STE 1300 Use Only SAN DIEGO, CA 92108 Phone no. (619) 810-4940X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

UNIVERSITY AUXILIARY AND RESEARCH

Form	1990 (2014) SERVICES CORPORATION	33-039/688	Pages2
Pa	rt III Statement of Program Service Accomplishments		বিচ
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	CON TO A	
	THE UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION-PROFIT TAX EXEMPT ORGANIZATION ESTABLISHED TO PROVI		
	ADMINISTRATIVE AND OTHER BUSINESS SERVICES TO CALIFORNIA		
	UNIVERSITY SAN MARCOS.	SIRIE	
_			
2	Did the organization undertake any significant program services during the year which were not listed on	Ves	X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	I es	O LAZ INU
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vos	X No
3	If "Yes," describe these changes on Schedule O.	les	140
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	26
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	ro, tiro to tal expenses,	, and
4a	6 404 040	e \$)
	ADMINISTRATION OF RESEARCH AND TRAINING GRANTS AWARDED		JS '
	FACULTY FROM VARIOUS FEDERAL, STATE, AND OTHER GOVERNMEN	TAL AGENCIE	≅S
	AND PRIVATE FOUNDATIONS. FEDERAL GRANT REVENUES TOTALED	\$6.4 MILLIC	ON
	WHILE STATE AND LOCAL GOVERNMENT AGENCY GRANT REVENUES T	OTALED	
	\$690,000. GRANTS AND AWARDS FROM PRIVATE FOUNDATIONS AND	OTHER	
	NON-GOVERNMENTAL ENTITIES TOTALED \$391,000.		-
4b	(Code:) (Expenses 2, 464, 995. including grants of 20, 709.) (Revenue		
	PROVIDE FINANCIAL AND ADMINISTRATIVE SUPPORT SERVICES TO		AMPUS
	PROGRAMS AND ACTIVITIES INCLUDING STUDENT HOUSING AND AS		TED E
	STUDENT'S ORGANIZATIONS. OTHER CAMPUS PROGRAMS FOR WHICH		
	PROVIDED INCLUDE FACULTY RESEARCH DEVELOPMENT AND VARIOUS	JS COMMUNITY	Y
	OUTREACH PROGRAMS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenu	ne \$ 352	,671.)
	OPERATION OF THE CAMPUS FOOD SERVICE AND BOOKSTORE ACTIV		
	STUDENTS, FACULTY, AND STAFF OF CALIFORNIA STATE UNIVERS	SITY SAN MAI	RCOS.
4d	Other program services (Describe in Schedule O.)	- 1	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 8,869,807.		
		- /	DOO

Form 990 (2014) SERVICES COR 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 98-199? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21s for escrow or custodial account liability; serve as a custodian for	Ŭ		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.,	
	Part VI	11a	X	<u> </u>
Ь	Did the organization report an amount for investmentss other securities in Part X, line 12 that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			$\overline{}$
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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? If "Yes," complete Schedule F, Parts I and IV	445		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	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			, v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		_
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2014)
		1 0111		\~~ (T T)

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			Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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 31s 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25a	24a		l x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			\vdash
	any tax-exempt bonds?	24c		-
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?s	24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			\vdash
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200	-	
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	0.4.4.4.05.44	056		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
26		1		1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	000		l x
	complete Schedule L, Part II	26		 ^
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			x
-00	of any of these persons? If "Yes," complete Schedule L, Part III e	27		
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):	00-		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	Α.
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		┝┷
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		_v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	l		۱.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ _v
_	sections 301s7701-2 and 301s7701s3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1.	v	
	Part V, line 1	34	X	177
	Did the organization have a controlled entity within the meaning of section 51\(\mathbb{L}(b)(13)?	35a		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 51⊈(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		₩
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	X	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11band 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2014

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ı uı	Check if Schedule O contains a response or note to any line in this Part V					
	Officekii ochedule o contains a response of flote to any line in this raft v					
40	Enter the number reported in Day 2 of Farm 1006. Enter 0, if not applicable	1 4-	267		Yes	NO
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	207			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming			
С	(gambling) winnings to prize winners?			10	х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		1c	21	
20	filed for the calendar year ending with or within the year covered by this return	2a	577			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return	_		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	t any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				_	_
	nancial account in a foreign country (such as a bank account, securities account, or other financial account)?					Х
ь	If "Yes," enter the name of the foreign country:		* committee to the contract of	4a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?	erennoces		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	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?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?	A commence of the		7c		X
d	If "Yes," indicate the number of Fomas 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		The second secon	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, airplanes, or other veh			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			8		
а	Did the accounting a secretary makes and the distribution and a section 40000			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		· · · · · · · · · · · · · · · · · · ·	35		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					2
а	a Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				17
			orregerous artistic seggesta.	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e Ø		14b	000	(0044)
			rorm	330	(2014)	

UNIVERSITY AUXILIARY AND RESEARCH

Formæ90 (2014)

SERVICES CORPORATION

33-0397688 Pa

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Noë 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			X
Sec	tion A. Governing Body and Management			Tunera
	Enter the number of voting members of the governing body at the end of the tax year 11		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
_	Enter the number of voting members included in line 1a, above, who are independent			
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	3		٠,,
	of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	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			77
	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:		77	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			٠,,
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	· · · · · · · · · · · · · · · · · · ·	-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	_	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No,ë go to line 13"	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,# describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.,	
	The organization's CEO, Executive Director, or top management official	15a	X	_
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			,,
	taxable entity during the year?	16a	_	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
~	exempt status with respect to such arrangements?	16b		
Sec	tion 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) a	vailab	le	
	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 \ its \ policy \ for \ interest \ policy, \ and \ its \ policy \ for \ policy \ policy \ for \ $	l finan	cial	
	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:			
	BELLA NEWBERG, EXECUTIVE DIRECTOR - 760-750-4700			
_	333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096-0001			

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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 organizatio	(B)							(D)	(E)	(F)	
Name and Title	Average			Pos	itior	1		Reportable	Reportable	Estimated	
Name and Thic	hours per		not c	heck	more	than is bot		compensation	compensation	amount of	
	week	offi	cer an	nd a d	irecto	r/trus	tee)	from	from related	other	
	(list any	ector						the	organizations	compensation	
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the	
	related	stee	ruste			Sensa		(W-2/1099-MISC)		organization	
	organizations	la lin	onalt		oloye	сош				and related	
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) SHARON WHITEHURST-PAYNE	3.00	=	=	8	3	포동	요				
CHAIRMAN	3.00	х		х				0.	16,992.	0.	
(2) ERNEST ZOMALT	1.00	 	\vdash		-	\vdash	-		10,3321		
VICE CHAIRMAN		х		х				0.	0.	0.	
(3) DR. LINDA L. HAWK	1.00				П			,			
DIRECTOR	40.00	X						0.	197,898.	59,695	
(4) DR. GRAHAM OBEREM	1.00										
DIRECTOR	40.00	X						0.	215,004.	64,291	
(5) MATTHEW J. CEPPI	1.00										
DIRECTOR	40.00	X						0.	163,854.	45,442	
(6) TRES CONRIQUE	1.00	ļ									
DIRECTOR		X			_	_		0.	0.	0.	
(7) DIMITRIS MAGEMENEAS	1.00										
DIRECTOR	1 00	X	_		_	_		0.	0.	0.	
(8) DAWNMARIE MYERS	1.00							6 505		0.50	
DIRECTOR	1 00	X			_	_		6,505.	0.	260.	
(9) BRANDON LOSEY	1.00										
DIRECTOR	1 00	X	_		_	_	_	0.	0.	0 .	
(10) DAVID CHANG	1.00	X						0.		_	
DIRECTOR	1.00	^	_		-	_	_	0.	0.	0.	
(11) DR. CHARLES DE LEONE DIRECTOR	40.00	x						21,281.	103,616.	42,732	
(12) DR. REGINA EISENBACH	1.00	A	_	_	_	\vdash	-	21,201.	103,010.	42,732	
DIRECTOR	40.00	x						0.	154,094.	53,620	
(13) GREG SVATORA	40.00	<u> </u>	-	_	_	\vdash		0.	134,034.	33,020	
TREASURER/FINANCE DIRECTOR	10.00	i		x				0.	115,404.	46,256	
(14) BELLA NEWBERG	40.00			<u> </u>					223,1011	10,230	
EXECUTIVE DIRECTOR		i		x				0.	138,528.	48,756.	
A32007 11-07-14					_					Form 990 (2014	

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Part VII Section A. Officers, Directors, Trus (A)	(B)	Π		(C				(D)	(E)			(F)	
Name and title	Average hours per	(do	notc	Posi heck r	more	than	one	Reportable	Reportable			imate	
	week					is botl or/trus		compensation from	compensation from related	י		ount other	ot
	(list any	ctor						the	organizations		comp		tion
	hours for related	or dire	မ္မ			alled		organization	(W-2/1099-MIS	C)		m th	
	organizations	тиѕве	1 trust		99	mpens		(W-2/1099-MISC)			_	nizat relat	
	below	Individual trustee or director	Institutional trustee	ia,	Key employee	Highest compensated employee	пег				orga		
	line)	lndi	Inst	Officer	Key	High	Farmer			_			
		-											
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			-					-		\dashv			
			L	_									
1b Sub-total	******************	1000000	033555	dinas.	41 1853		•		1,105,39		361	.,0	
c Total from continuation sheets to Part V								0.	1,105,39	0.	361	0	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r											201	, 0	34.
compensation from the organization	iot iiimited to ti	1030	iiote	o al	DOVE	5) WI	101	eceived more than \$100	,000 of reportable	•			
											_	Yes	No
3 Did the organization list any former officer				-	-	-		- :					X
line 1a? If "Yes,ë complete Schedule J for s 4 For any individual listed on line 1a, is the si		****						her compensation from			3		Λ
and related organizations greater than \$15											4	х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	nplete Schedul	e J i	or s	uch	pers	son		***************************************	*******************		5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mponested in	don	- nda	nt o	ont	·ooto		that received more than	\$100,000 of com	Donoo	tion fr	om	
 Complete this table for your five highest co the organization. Report compensation for 	•	•								perisa	LIOITII	OIII	
(A)								(B)			(C		
Name and business DAN ZORN	address						\dashv	Description of s CFS & PAYROL		Co	mpen	satio	n
3560 1ST AVENUE., #13, S.	AN DIEGO	ο,	CZ	A 9	92:	103		CONVERSION &			147	7,0	74.
-		_					\dashv						
2 Total number of independent contractors (including but r	not li	mite	d to	tho	se lis	stec	d above) who received m	ore than				
\$100,000 of compensation from the organ	ization >					1							
										F	orm 9	190 (2014

Form 990 (2014)

Form 990 (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b 1c c Fundraising events d Related organizations 1d 7.052,405. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 390,584 1f Q Noncash contributions included in lines 1a-1f: \$ 7,442,989 h Total. Add lines 1a-1f **Business Code** 2 a CAMPUS PROGRAMS Program Service Revenue 900099 2,743,423 2,743,423 900099 b BOOKSTORE OPERATIONS 352,671. 352,671 c OTHER COMMISSIONS 900099 134,788. 134,788. d f All other program service revenue 3,230,882, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,860 6,860. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 139,092 6 a Gross rents 94,104. b Less: rental expenses 44,988. c Rental income or (loss) 44.988 44,988. d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1,733,325 assets other than inventory b Less: cost or other basis 1,742,235 and sales expenses c Gain or (loss) d Net gain or (loss) -8,910 -8,910. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c), See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities, See Part IV, line 169 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 c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 10,716,809. 42,938. 3,230,882. 0. Total revenue. See instructions.

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Form 990 (2014) SERVICES CORPORATION Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	20 700	20 700		
	and domestic governments. See Part IV, line 21	20,709.	20,709.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		1		
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1			
4					
4 5	Benefits paid to or for members Compensation of current officers, directors,				
3	trustees, and key employees	37,428.	37,428.		
6	Compensation not included above, to disqualified	3,71201	37,1201		
•	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,376,044.	4,811,753.	564,291.	
В	Pension plan accruals and contributions (include		· · · · · · · · · · · · · · · · · · ·		
	section 401(k) and 403(b) employer contributions)	242,765.	242,765.		
9	Other employee benefits	433,895.	253,229.	180,666.	
0	Payroll taxes	335,635.	300,649.	34,986.	
1	Fees for services (non-employees):				
а	Management				
b		25,000.		25,000.	
С		85,570.		85,570.	
d	Lobbying				
е	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.)	1,343,737.	912,835.	430,902.	
2	Advertising and promotion	390.	390.	212 272	
3	Office expenses	473,143.	255,070.	218,073.	
4	Information technology _a	21,752.	21,752.		
5	Royalties	00 200	2 212	00 005	
6	Occupancy	92,308.	3,313.	88,995.	
7	Travel	350,690.	338,526.	12,164.	
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	491,370.	477,426.	13,944.	
9	Conferences, conventions, and meetings	7,500.	7,500.	13,944.	
0	Interest	7,300.	7,300.		
1	Payments to affiliates a.a.	495,643.		495,643.	
2	Depreciation, depletion, and amortization	41,137.		41,137.	
3 4	Insurance Other expenses. Itemize expenses not covered	41,137.		±1,1J/•	
•	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.)	0.45	0.45 604		
а		845,631.	845,631.	0.	
b		191,061.	191,061.	0.	
С		65,557.	28,158.	37,399.	
d		54,603.	54,467.	136.	
		84,173.	67,145.	17,028.	
5_	Total functional expenses. Add lines 1 through 24e	11,115,741.	8,869,807.	2,245,934.	
6	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)				Form 990 (20

UNIVERSITY AUXILIARY AND RESEARCH

33-0397688 Page 11 SERVICES CORPORATION Form 990 (2014) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 1,271,915. 1,447,313. Cash - non-interest-bearing 1 1 7,999,145. 982,199. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 1,118,134. 1,196,562. Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 _____s__s__ Inventories for sale or use _____ 8 42,636. 34,883. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 11,022,191. basis, Complete Part VI of Schedule D 10a 7,429,266. b Less: accumulated depreciation 10b 3,592,925. 6,968,179. 10c 3,284,871. 1,575,045. Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 Investmentss program-related. See Part IV, line 11 13 13 14 14 Intangible assets 61,081. 61,081. Other assets. See Part IV, line 11 15 15 20,745,961. 12,726,349. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,255,021. 911,700. 17 17 Accounts payable and accrued expenses Grants payable 18 18 2,453,280. 1,862,725. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability, Complete Part IV of Schedule D 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 0. 250,000. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 9,758,657. 1,622,216. 25 12,876,403. 5,237,196. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 7,869,558. 27 7,489,153. Unrestricted net assets 27 Temporarily restricted net assets 28

> 12,726,349. Form 990 (2014)

7,489,153.

29

30

31

32

7,869,558. 33

20,745,961. 34

32

33

Permanently restricted net assets

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

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) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 3 -338 , 332. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 7, 869, 558. 5 Net unrealized gains (losses) on investments 5 18, 527. 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at tend of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Column (B)) 7, 489, 153. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	Pa	T XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 11,115,741. 3 Revenue less expenses. Subtract line 2 from line 1 3 -398,932. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 7,869,558. 5 Net unrealized gains (losses) on investments 5 18,527. 6 Donated services and use of facilities 6 18,527. 6 Donated services and use of facilities 6 18,527. 7 Investment expenses 7 7 8 Prior period adjustments 8 9 0ther changes in net assets or fund balances (explain in Schedule O) 8 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)) 7,489,153. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XI Yes No 14 Cacounting method used to prepare the Form 990: Cash X Accrual Other 15 or the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Were the organization shanged 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? 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: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: Separate basis Consolidated basis X Both consolidated and separate basis. 2b X 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: Separate basis Consolidated basis or both: Separate basis Consolidated basis A Both consolidated and separate basis Consolidated basis or both: Separate basis Consolidated basis A Both consolidated and separate basis Consolidated basis or both: Separate basis Consolidated basis A Both consolidated basis or both: Separate basis Consolidated basis A Both co	-	Check if Schedule O contains a response or note to any line in this Part XI				
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5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 1 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: 3 Exparate basis 5 Were the organization's financial statements audited by an independent accountant? 6 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 6 Were the organization's financial statements audited by an independent accountant? 2 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2 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: 3 Exparate basis 5 Consolidated basis 6 Sonatination of its financial statements and selection of an independent accountant? 1 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2 Act and OMB Circular A-183? 3 A Sa 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-183? 3 If the organization why in Schedule O and describe any steps taken to undergo such audits 3 A X	3					
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 8 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 T, 489, 153. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 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? 1 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 Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis X Both consolidated and separate basis c 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: 1 Separate basis Consolidated basis X Both consolidated and separate basis 2	4		-			
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting	5	Net unrealized gains (losses) on investments		140	8,5	21.
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X 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: Separate basis Consolidated basis X Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis consolidated basis, or both: 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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-183? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not un	6	Donated services and use of facilities				
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis 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: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis 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. 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-183? 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 3b X	7	Investment expenses		De exeminera escel meno		
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No	8		8	Wilderson State - All	net tenno.	
Column (B)) Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: Separate basis Consolidated basis Both consolidated and separate basis 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: Separate basis Consolidated basis X Both consolidated and separate basis 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. 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-183? 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 3b X	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis Ciff "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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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-183? 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 3b X	10		10	7 48	9 1	53.
Check if Schedule O contains a response or note to any line in this Part XII 1	Pa		10	7,10	7,1	55.
Accounting method used to prepare the Form 990:	- u	Total page of a wild will be a series of the				
1 Accounting method used to prepare the Form 990:	_	Check is achequie o contains a response or note to any line in this Part All		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
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: Separate basis Consolidated basis Both consolidated and separate basis 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: Separate basis Consolidated basis X Both consolidated and separate basis 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. 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-1s3? 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	1		O.	- [
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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: Separate basis Consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated and separate bas	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	414045 1004	2a		X
Separate basis		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
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: Separate basis Consolidated basis X Both consolidated and separate basis 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?s If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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-1s3? 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 3b X		separate basis, consolidated basis, or both:				
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: Separate basis Consolidated basis Separate basis Consolidated and separate basis Consolidate		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis 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?s If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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-1s3? 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 3b X	b	Were the organization's financial statements audited by an independent accountant?		2b	X	
Separate basis Consolidated basis X Both consolidated and separate basis 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?s If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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-1\$3? 3a 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 3b X		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
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?s If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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-1\$3? 3a 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 3b X						
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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-1s3? 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 3b X	·			2c	Х	
Act and OMB Circular A-1s3? 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 3b X		If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	_		
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 3b X	За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it		
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 3b X		Act and OMB Circular A-1s3?		3a	X	
	b			it		
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. UNIVERSITY AUXILIARY AND RESEARCH

Employer identification number 33-0397688

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 functionss 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 514 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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. 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. 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. 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 g Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) Part II Support Schedule for O

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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 201s	(c) 2012	(d) 2013	(e) 201s4	(f) Total
1	Gifts, grants, contributions, and	2 0014=2				*****	
	membership fees received. (Do not))				
	include any "unusual grants.")	9060395.	7789329.	7527060.	7442507.	7442989.	39262280.
2	Tax revenues levied for the organ-						
	ization'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	9060395.	7789329.	7527060.	7442507.	7442989.	39262280.
	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.						39262280.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 201s	(c) 201£	(d) 2018	(e) 201s4	(f) Total
7	Amounts from line 4	9060395.	7789329.	7527060.	7442507.	7442989.	39262280.
8	Gross income from interest,						
	dividends, payments received on)	
	securities loans, rents, royalties						
	and income from similar sources	176,548.	183,024.	193,040.	167,373.	145,952.	865,937.
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.)		347,518.	385,152.	376,193.		1108863.
11	Total support, Add lines 7 through 10						41237080.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 19	,668,489.
	First five years. If the Form 990 is for				0.22200012300011100123011111	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 201st (line 6, column (f) di	ivided by line 11, o	column (f))		14	95.21 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	97.07 %
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	************************			► X
b	b 33 1/3% support test - 2013. 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 qual	ifies as a publicly s	supported organization	ation		*********************	▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and stop h	ere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part VI how the	9
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization	
18	Private foundation. If the organization						
					Sche	dule A (Form 990	or 990-F7) 2014

Schedule A (Form 990 or 990 EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only	y if you checked the box on line 9 of Part I	I or if the organization failed to qualify under Part II. If the organization fails to
acceptify.	halow places complete	TANK TO THE PARTY OF THE PARTY

Section A. Iblic Support						
Calendar year (or fiscal year beginning in) ▶	(a) 201s	(b) 201sl	(c) 201£	(d) 2018	(e) 2014	(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 per-					1	
formed, or facilities furnished in any activity that is related to the					1	
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-					1	
iness under section 518						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to					1	
or expended on its behalf					1	
5 The value of services or facilities				1		
					1	
furnished by a governmental unit to				1	1	
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 Ilnes 2 and 3 received from other than disgualified persons that		9			Ĭ	
exceed the greater of \$5,000 or 1% of the					1	
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201s4	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties					1	
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,				1		
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_thi	rd fourth or fifth t	tax vear as a secti	on 501(c)(3) organi	zation
	_			-	(-)(-) ga	▶□
Section C. Computation of Publi						
15 Public support percentage for 201st (li			column (f))		15	%
16 Public support percentage from 2013					16	%
Section D. Computation of Inves)			
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	•				18	%
19a 33 1/3% support testse 2014. If the						
more than 33 1/3%, check this box an	=					_
b 33 1/3% support testse 2013. If the						
line 18 is not more than 33 1/3%, chec	•					
20 Private foundation. If the organization						
432023 09-17-14						90 or 990-EZ) 2014

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "Noë 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes,e describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes,e" explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes, e complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,ë complete Part I of Schedule L (Form 990).
- 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))? If "Yes, e provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes,ë provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,ë answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No_
1		-
,		
2		
3a		
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3b		
3c		
4a		
4.		
4b		
4c		
- 6	100	
5a		
5b		
. 5c		
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9a		
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9b		
00		
9c		
10a		
100		
10b		
990 or 99	90-EZ)	2014

Yes No

UNIVERSITY AUXILIARY AND RESEARCH

Sche	edule A (Form 990 or 990-EZ) 2014 SERVICES CORPORATION	33-039768	8 Pa	age 5
	rt IV Supporting Organizations (continued)			
	No.		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yesë to a, b, or c, provide detail in part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		7	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? 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.	1		
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? If "Yes,ë explain in			111
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
		8	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)? If "No,e" describe in part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
C	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations		1,,	
	Diddle and the first state of the control of the state of the fifth and the fifth		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, (1) a written notice describing the type and amount of support provided during the prior to	ix		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	\vdash	
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? If "No,ë explain in part y how the organization maintained a close and continuous working relationship with the supported organization(s).	2		-
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 in	eta rationali		
a	The organization satisfied the Activities Test, Complete line 2 below.	suucuons).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government en	ity (see instructions	5).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
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? If "Yes," explain in part VI the			
	reasons for the organizations position that its supported organization(s) would have engaged in these			
	activities but for the organizations involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

UNIVERSITY AUXILIARY AND RESEARCH

Schedule A (Form 990 or 990-FZ) 2014 SERVICES CORPORATION

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1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the content of the conten			uctions. All
Sec	tion 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		1
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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
ect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1 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		

Schedule A (Form 990 or 990-EZ) 2014

UNIVERSITY AUXILIARY AND RESEARCH Schedule A (Form 990 or 990-EZ) 2016 SERVICES CORPORATION 33-0397688 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 201st from Section C, line 6 Line 8 amount divided by Line 9 amount (ii) (iii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 201st from Section C, line 6 2 Underdistributions, if any, for years prior to 201st (reasonable cause required-see instructions) Excess distributions carryover, if any, to 201st: a b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 201st distributable amount Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 201st distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 201st, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014, Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2015. Add lines 3j and 4c. Breakdown of line 7: 8

Schedule A (Form 990 or 990-EZ) 2014

C

d Excess from 201st
e Excess from 201st

UNIVERSITY AUXILIARY AND RESEARCH

Schedule A	(Form 990 or 990-EZ) 201st SERVICES CORPORATION	33-0397688 Page 8
Part VI	(Form 990 or 990 EZ) 201st SERVICES CORPORATION Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b: and Part III line 12
		to Tro, and tartin, in o 12.
	Also complete this part for any additional information. (See instructions).	

Schedule B (Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and OMB No. 1545-0047

its instructions is at www.irs.gov/form990 · **Employer identification number**

Name of the organization UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION

33-0397688

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-F7 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501 (c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION

Employer identification number

33-0397688

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,447,128.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,449,297.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 2,002,802.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$532,981.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-05	5-14	\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.)

UNIVERSITY AUXILIARY AND RESEARCH

Employer identification number

SERVI	CES CORPORATION		33-0397688
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

423453 11-05-14

Employer identification number

UNIVERSITY AUXILIARY AND RESEARCH

	CES CORPORATION		33-0397688
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described in sec columns (a) through (e) and the following lin	tion 501(c)(7), (8), or (10) that total more than \$1,000 for ne entry. For organizations
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	is, charitable, etc., contributions of \$1,000 or less for	the year. (Enter this info. once.)
(a)•No. from			(0.5
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	(
		1	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
1			
(a)eNo. from	(L) Diversion of sift	(a) Na a of eith	(d) Deconication of how sife is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			-
- 1			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a)eNo. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(5)- 2-7-0-0-0	(6) 655 61 911	(c, z companion gine non
		(e) Transfer of gift	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	N-		
			·
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
			
ŀ		(e) Transfer of gift	L
	×	(b) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	-		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

UNIVERSITY AUXILIARY AND RESEARCH Name of the organization

Employer identification number

	SERVICES CORPORATION			33-039	
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fun	ds or A	ccou	nts.Complete	if the
540	organization answered "Yes" to Form 990, Part IV, line 6.				
	(a) Donor advised funds	1	b) Fund	s and other ac	counts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)	1			
4	Aggregate value at end of year	1			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor ad	vised fur	nde		
J	are the organization's property, subject to the organization's exclusive legal control?			Yes	□. No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can l			res	NO
U	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes		•		
	75 760 SOUTH AND A TO THE TOTAL STATE		U	Yes	
Pa	impermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990			resres	No
		, rart iv,	me /.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).				
	Preservation of land for public use (e.g., recreation or education)				
	Protection of natural habitat	ertified hi	storic s	tructure	
_	Preservation of open space	_			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	m of a co	onserva	tion easement of	on the last
	day of the tax year.				=
	=			Held at the End o	of the Tax Year
а	***************************************		2a		
Ь			2b		
С	7 District such a language of the contract of		2c		
d	Number of conservation easements included in (c) acquired after 8/1s7/06, and not on a historic stru				
	listed in the National Registerssss		2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	the organ	nization	during the tax	
	year -				
4	Number of states where property subject to conservation easement is located	al .			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?				L
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	_	-		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1				
	and section 170(h)(4)(B)(ii)?	*******	********	Yes	L
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expen				
	include, if applicable, the text of the footnote to the organization's financial statements that describe	es the or	ganizati	on's accounting	g for
D-	conservation casements.	Other	0::1-		
Pal	organizations Maintaining Collections of Art, Historical Treasures, or	Otner	Simila	ir Assets.	
-	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state				
	historical treasures, or other similar assets held for public exhibition, education, or research in further	rance of	public :	service, provide	e, in Part XIII,
	the text of the footnote to its financial statements that describes these items,				
Ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement				
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of	oublic se	rvice, p	rovide the follov	wing amounts
	relating to these items:				
	(i) Revenue included in Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treasures, or other similar assets for finance	cial gain,	provide	•	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:				
а	Revenue included in Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X		. > \$		

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

Schedule D (Form 990) 2014

O-b-	THE ATTENDED HAVE AND THE PARTY OF THE PARTY	ITY AUXILIA		ESEARCH		33_	039768		
-	dule D (Form 990) 2014 SERVICE TILL Organizations Maintaining C			reasures.	or Other				age Z
3	Using the organization's acquisition, access								
	(check all that apply):				_				
а	Public exhibition	d	Loan or ex	change progr	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain I	how they further	the organizat	ion's exemp	pt purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations of	art, historical tre	asures, or oth	ner similar a	ssets			7
15	to be sold to raise funds rather than to be m						Yes		No
Pai	Escrow and Custodial Arran	•	e if the organizati	on answered	"Yes" to Fo	orm 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod								٦
	on Form 990, Part X?						. L Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:					8	
							Amou	nt	
	Beginning balance								
d	Additions during the year								
e	Distributions during the year							_	
f	Ending balance					1f	T T	_	T
	Did the organization include an amount on F		10.000		,	/?	Yes	H	No
1	If "Yess" explain the arrangement in Part XIII						outroman		
Fai	t V Endowment Funds. Complete		Was after				. 110 Oc.		h
		(a) Current year	(b) Prior year	(c) Two year	rs dack (d) Three years b	ack (e) For	ir years	раск
	Beginning of year balance						_		
b	Contributions			4					
C	Net investment earnings, gains, and losses								
d	Grants or scholarships	-						_	
е	Other expenditures for facilities								
	and programsss						_		_
	Administrative expenses						_		
g	End of year balance		/l/	(-)\					
2	Provide the estimated percentage of the cur	•		(a)) held as:					
a	Board designated or quasi-endowment		%						
b	Permanent endowments	%							
С	Temporarily restricted endowments	%							
0-	The percentages in lines 2a, 2b, and 2c should be a second at the control of the	•	46-4 6-14						
за	Are there endowment funds not in the posse	ession of the organizati	ion that are neid	and administ	erea for the	organization		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	by:						0.0	Yes	No
	(i) unrelated organizations			******			3a(i)	-	-
L	(ii) related organizations	- E-A - I - O - V - V - V	0-1-17-20	-	PROPERTY AND ADDRESS	teg tarken alderes de des ta	3a(ii)		
2	If "Yes" to 3a(ii), are the related organization:			**************	**********	*************		1	<u> </u>
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		ment funds.						
L di	Complete if the organization answere		Part IV line 11a	See Form One	Part Y lin	a 10			
_	Description of property	(a) Cost or oth					(-1) D -	ale veale:	
	Description of property	(a) Cost or oth	ier i (d) Cos	t or other	(C)ACC	umulated	(d) Bo	jk valu	е

Schedule D (Form 990) 2014

3,736,728. 2,852,649.

650,556.

189,333. 7,429,266.

basis (other)

4,385,743. 4,285,008. 2,162,107.

189,333.

basis (investment)

b Buildings

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

depreciation

649,015. 1,432,359.

1,511,551.

OTIT V LIND I		11011111111	11111	
SERVICES	C	ORPORATION		

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market valu
Financial derivatives	1		
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		İ	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" to	Form 000 Part IV line	110 Soo Form 000 Part V	line 12
(a) Description of investment	(b) Book value		on: Cost or end-of-year market valu
1001	(b) Book value	(c) Wellied of Valdatio	on. Goot of one of year market vale
(1)			
(2)			
(3)		<u> </u>	
(4)		<u> </u>	
(5)			
(6)			
(7)			
(8)			
ved i			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets.	o Form 990. Part IV. line	11d. See Form 990. Part X	, line 15.
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" to (a) D	o Form 990, Part IV, line escription	11d. See Form 990, Part X,	, line 15. (b) Book value
(9) Ial. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" to (a) D		11d. See Form 990, Part X	
(9) Ial. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" to (a) D (1)		11d. See Form 990, Part X	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3)		11d. See Form 990, Part X	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) cart IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4)		11d. See Form 990, Part X	
(9) lal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5)		11d. See Form 990, Part X	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X	
(9) Ial. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" to (a) □ (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription		
(9) lat. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	escription		(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Tart IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to	escription	11e or 11f. See Form 990,	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	escription		(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Tart IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes	escription	11e or 11f, See Form 990, (b) Book value	(b) Book value
(9) Ial. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ial. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) POST RETIREMENT BENEFITS	15.) D Form 990, Part IV, line	11e or 11f. See Form 990, (b) Book value 1, 213, 712.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes	15.) D Form 990, Part IV, line	11e or 11f, See Form 990, (b) Book value	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) POST RETIREMENT BENEFITS	15.) D Form 990, Part IV, line	11e or 11f. See Form 990, (b) Book value 1, 213, 712.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) POST RETIREMENT BENEFITS (3) DUE TO RELATED ORGANIZATION	15.) D Form 990, Part IV, line	11e or 11f. See Form 990, (b) Book value 1, 213, 712.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Tart IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) POST RETIREMENT BENEFITS (3) DUE TO RELATED ORGANIZATIO (4)	15.) D Form 990, Part IV, line	11e or 11f. See Form 990, (b) Book value 1, 213, 712.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) POST RETIREMENT BENEFITS (3) DUE TO RELATED ORGANIZATIO (4) (5)	15.) D Form 990, Part IV, line	11e or 11f. See Form 990, (b) Book value 1, 213, 712.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) POST RETIREMENT BENEFITS (3) DUE TO RELATED ORGANIZATIO (4) (5) (6)	15.) D Form 990, Part IV, line	11e or 11f. See Form 990, (b) Book value 1, 213, 712.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) POST RETIREMENT BENEFITS (3) DUE TO RELATED ORGANIZATIO (4) (5) (6) (7)	15.) D Form 990, Part IV, line	11e or 11f, See Form 990, (b) Book value 1, 213, 712.	(b) Book value

432053 10-01-14

Schedule D	(Form 990) 2014
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C-b-	dule D (Form 990) 2014 SERVICES CORPORATION	MD KESEARC		335	039 76 88 Pages4
	t XI Reconciliation of Revenue per Audited Financial S	tatemente With	Payenue per P	otur	n Pagest
rai			nevenue per n	Cturi	11.
1	Complete if the organization answered "Yes" to Form 990, Part IV,			1	11 9 5 9 0 9e3 1 9 e
	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:				117320763134
2		2a	18,527.		
a	Net unrealized gains (losses) on investments		760,879.		
b	Donated services and use of facilities		700,075.		
c d	Recoveries of prior year grants Other (Coording in Part VIII.)				
	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	779,406.
3	Subtract line 2e from line 1			3	10,810,913.
4	Amounts included on Form 990. Part VIII. line 12, but not on line 1:		O MORANGA CONTRACTOR (MORA CASO)	Ť	20,020,020
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		-94,104.		
	Add lines 4a and 4b			4c	-94,104.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		(frest flastiana (searraifaries)	5	10,746,809.
	rt XII Reconciliation of Expenses per Audited Financial	Statements Witl	Expenses per		
	Complete if the organization answered "Yes" to Form 990, Part IV,		, , , , , , , , , , , , , , , , , , , ,		
1	Total expenses and losses per audited financial statements			1	11 9e9e7@e,e7 24 e
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a	760,879.		
b	Prior year adjustments	***************************************	•		
С	Other losses	200			
d	Other (Describe in Part XIII.)		94,104.		
е	Add lines 2a through 2d			2e	8e54e,e983e
3	Subtract line 2e from line 1			3	119e115e,e7e41e
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	e 4a			
	Other (Describe in Part XIII.)				
	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	11,115,741.
Pai	rt XIII Supplemental Information.				
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4; Part IV, lines 1b	and 2b; Part V, line 4	; Part	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	mation.		
PAI	RT X, LINE 2:				
THE	E ORGANIZATION FOLLOWS ACCOUNTING STAN	NDARDS GENE	RALLY ACCE	PTE	D IN THE
UN:	ITED STATES OF AMERICA RELATED TO THE	RECOGNITIO	N OF UNCER	TAI	N TAX
POS	SITIONS. THE ORGANIZATION RECOGNIZES A	ACCRUED INT	EREST AND	PEN	ALTIES
ASS	SOCIATED WITH UNCERTAIN TAX POSITIONS	AS PART OF	THE STATE	MEN	T OF
AC	TIVITIES, WHEN APPLICABLE. MANAGEMENT	HAS DETERM	INED THAT	THE	
000	NAMES AND THE PARTY OF THE PART		T 20- 201E	3 37	D 2014 337D
ORC	GANIZATION HAS NO UNCERTAIN TAX POSITI	LONS AT JUN	E 309 2019	AN	D 2014 AND
miii	PRECIDE NO AMOUNTO UNITE DEEM ACCUSED				
TH	EREFORE NO AMOUNTS HAVE BEEN ACCRUED.				
-					
PAF	RT XI LINE 4B - OTHER ADJUSTMENTS:				

94**%**104**%**

RENT EXPENSE NETTED WITH REVENUE

UNIVERSITY AUXILIARY SERVICES CORPORATION

Part XIII Supplemental Information (continued)	9
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENT EXPENSE NETTED WITH REVENUE	9 4 9 e1 0 4 9
	A
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	·

SCHEDULE I (Form@90)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION

Employer identification number 33-0397688

Schedule I (Form 990) (2014)

Part I General Information on Grants a	and Assistance					=,15	
Does the organization maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assi	stance?			*************************			X Yes
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to					anization answered "`	Yes" to Form 990, Part	IV, line 21şfor any
recipient that received more than					(f) Method of	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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY SAN							
MARCOS - 333 S. TWIN OAKS ROAD -							1
SAN MARCOS, CA 92096	33-0535371	115	20,709.	0.			STUDENT SCHOLARSHIPS
					Б		
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table				

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

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			t)_		
at a					
art IV Supplemental Information. Provide the information	required in Part I, line	e 2 , Part III, columr	n (b), and any other a	dditional information.	
ART I, LINE 2:					
RANTS GIVEN TO CSUSM ARE FOR ST	UDENT SCHO	LARSHIPS A	AND THE UNI	VERSITY	
ONITORS THE FUNDS GIVEN TO EACH	STUDENT.	THE FINANC	CIAL AID OF	FICE OF	
HE UNIVERSITY QUALIFIES APPLICA	NTS FOR SCI	HOLARSHIPS	BASED ON	CRITERIA	
VER WHICH UARSC HAS NO CONTROL.	EXPENDITU	RES ON GRA	ANTS AND CO	NTRACTS	
RE CLOSELY MONITORED BY THE UAR	SC STAFF TO	O COMPLY W	VITH SPONSO	R	
EQUIREMENTS.					

SCHEDULE J (Form 990)

Compensation Information

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.

Open to Public Inspection Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION

Employer identification number 33 = 039 7 688

Schedule J (Form 990) 2014

OMB No. 1545-0047

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked in 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X **a** Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? X **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) DR. LINDA L. HAWK	(i)	0.	0.	0.	0.	0.		0.
DIRECTOR	(ii)	197,898.	0.	0.	44,466.	15,229.	257,593.	0.
(2) DR. GRAHAM OBEREM	(i)	0.	0.	0.	0.	0.		0.
DIRECTOR	(ii)	215,004.	0.	0.	48,255.	16,036.	279,295.	0.
(3) MATTHEW J. CEPPI	(i)	0.	0.	0.	0.	0.		0.
DIRECTOR	(ii)	163,854.	0.	0.	36,831.	8,611.		0.
(4) DR. CHARLES DE LEONE	(i)	21,281.	0.	0.	0.	2,554.		0.
DIRECTOR	(ii)	103,616.	0.	0.	19,149.	21,029.		0.
(5) DR. REGINA EISENBACH	(i)	0.	0.	0.	0.	0.		0.
DIRECTOR	(ii) [154,094.	0.	0.	34,525.	19,095.		0.
(6) GREG SVATORA	(i)	0.	0.	0.	0.	0.		0.
TREASURER/FINANCE DIRECTOR	(ii) [115,404.	0.	0.	25,860.	20,396.	161,660.	0.
(7) BELLA NEWBERG	(i)	0.	0.	0.		0.		0.
EXECUTIVE DIRECTOR	(ii)	138,528.	0.	0.	27,616.	21,140.	187,284.	0.
	(i)							
	(ii)							
	(i)			L,				
	(ii)							
	(i) [
	(ii)							
	(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:
THE OFFICERS LISTED ON SCHEDULE J ARE EMPLOYEES OF THE RELATED
ORGANIZATION, CALIFORNIA STATE UNIVERSITY SAN MARCOS. THE RELATED
ORGANIZATION HAS POLICIES IN PLACE WHICH ARE USED TO DETERMINE
COMPENSATION. COMPENSATION FOR THE BOARD'S OFFICERS IS REVIEWED ON AN
ANNUAL BASIS. THE REVIEW OF CURRENT SALARY LEVELS FOR EACH EXECUTIVE
EMPLOYEE IS PERFORMED BY ANALYZING EXECUTIVE COMPENSATION OF OTHER SIMILAR
AUXILIARY ORGANIZATIONS WITHIN THE CALIFORNIA STATE UNIVERSITY SYSTEM, AS
WELL AS SURVEYS OF OTHER NON-PROFIT CHARITABLE ORGANIZATIONS OF SIMILAR
ASSET SIZE AND FUNCTIONS. THE RECOMMENDED SALARY IS THEN INCLUDED WITH THE
ORGANIZATION'S FISCAL YEAR OPERATING BUDGET, WHICH IS REVIEWED AND APPROVED
BY THE BOARD OF DIRECTORS.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2U14
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OMB No. 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

UNIVERSITY AUXILIARY AND RESEARCH Emplo

SERVICES CORPORATION

Employer identification number 33-0397688

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES INCLUDE THE ADMINISTRATION OF RESEARCH AND TRAINING GRANT

AWARDS TO CAMPUS FACULTY, AND OPERATION OF VARIOUS CAMPUS COMMERCIAL

OPERATIONS INCLUDING THE BOOKSTORE AND FOOD SERVICES. OTHER SERVICES

PROVIDED INCLUDE FINANCIAL MANAGEMENT SUPPORT TO OTHER CAMPUS ENTITIES

AND PROGRAMS.

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

AN ELECTRONIC FORM OF THE 990 IS EMAILED TO EACH BOARD MEMBER PRIOR TO FILING. THE FORM 990 IS ALSO REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING.

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

AT THE BEGINNING OF EACH FISCAL YEAR ALL MEMBERS OF THE AUXILIARY'S BOARD OF DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT. THIS POLICY ALSO APPLIES TO ALL DIRECTOR LEVEL POSITIONS, INCLUDING THE EXECUTIVE DIRECTOR, AND ALL OTHER POSITIONS THAT HAVE SIGNIFICANT EXPOSURE AND/OR DECISION MAKING AUTHORITY TO WARRANT REGULAR MONITORING OF THE CONFLICT OF INTEREST ACTIVITIES. A REPORT IS GIVEN TO TEH BOARD OF DIRECTORS ANNUALLY.

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

THE ORGANIZATION'S OFFICERS ARE EMPLOYEES OF THE RELATED ORGANIZATION,

CALIFORNIA STATE UNIVERSITY SAN MARCOS. THE RELATED ORGANIZATION HAS

POLICIES IN PLACE WHICH ARE USED TO DETERMINE COMPENSATION. COMPENSATION

FOR THE BOARD'S OFFICERS IS REVIEWED ON AN ANNUAL BASIS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

UNIVERSITY AUXILIARY SERVICES CORPORATION

THE REVIEW OF CURRENT SALARY LEVELS FOR EACH EXECUTIVE EMPLOYEE IS PERFORMED BY ANALYZING EXECUTIVE COMPENSATION OF OTHER SIMILAR AUXILIARY ORGANIZATIONS WITHIN THE CALIFORNIA STATE UNIVERSITY SYSTEM, AS WELL AS SURVEYS OF OTHER NON-PROFIT CHARITABLE ORGANIZATIONS OF SIMILAR ASSET SIZE AND FUNCTIONS. THE RECOMMENDED SALARY IS THEN INCLUDED WITH THE ORGANIZATION'S FISCAL YEAR OPERATING BUDGET, WHICH IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORMS 990 (FROM THE PREVIOUS NINE YEARS) ARE AVAILABLE FOR INSPECTION OR COPYING AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTUAL SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES 13,650. FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 382,133.

BUSINESS SERVICE:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 364,769.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 364,769.

ADMINISTRATIVE FEES:

432212 08-27-14

368,483.

Schedule O (Form 990 or 990-EZ) (2014)	g
Name of the organization UNIVERSITY AUXILIARY	
SERVICES CORPORATION	
PROGRAM SERVICE EXPENSES	119,528.
MANAGEMENT AND GENERAL EXPENSES	31,300.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	150,828.
PAYROLL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	21,183.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,183.
SUBCONTRACTORS:	
PROGRAM SERVICE EXPENSES	424,824.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	424,824.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,343,737.

SCHEDULE R (Form 990)

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.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION

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

Employer identification number 33-0397688

(a)	(b)	(c)	(b)	(e)		(f)		
Name, address, and EIN (f applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-year	assets	Direct controllinentity		3
		.o.o.g.v com.u.y,						
					l			
					- 1			
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.					or more r			
(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			Section 5 12 controlle	
				501 \$ c)(3))			Yes	
								No
CALLFORNIA STATE UNIVERSITY SAN MARCOS -							1.55	No
								No
33-0535371, 333 S. TWIN OAKS VALLEY ROAD,	HIGHER EDUCATION	CALIFORNIA	115				, , ,	No X
33-0535371, 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096	HIGHER EDUCATION	CALIFORNIA	1 15					
33-0535371, 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096 SAN MARCOS UNIVERSITY CORPORATION -	HIGHER EDUCATION ON-CAMPUS PROGRAM	CALIFORNIA	115	LINE 11C,				
33-0535371, 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096 SAN MARCOS UNIVERSITY CORPORATION - 33-0971982, 333 S. TWIN OAKS VALLEY ROAD,		CALIFORNIA CALIFORNIA	115 501(C)(3)	LINE 11C,				
CALIFORNIA STATE UNIVERSITY SAN MARCOS - 33-0535371, 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096 SAN MARCOS UNIVERSITY CORPORATION - 33-0971982, 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096 ASSOCIATED STUDENTS, INC. OF CALIFORNIA	ON-CAMPUS PROGRAM							х
33-0535371, 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096 SAN MARCOS UNIVERSITY CORPORATION - 33-0971982, 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096	ON-CAMPUS PROGRAM MANAGEMENT							х
3-0535371, 333 S. TWIN OAKS VALLEY ROAD, AN MARCOS, CA 92096 AN MARCOS UNIVERSITY CORPORATION - 3-0971982, 333 S. TWIN OAKS VALLEY ROAD, AN MARCOS, CA 92096 SSOCIATED STUDENTS, INC. OF CALIFORNIA	ON-CAMPUS PROGRAM MANAGEMENT STUDENT LEADERSHIP,			III-FI				х

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

CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION - 80-0390564, 333 S. TWIN OAKS

VALLEY ROAD, SAN MARCOS, CA 92096

FUNDRAISING & GRANTS

ADMINISTRATION

Schedule R (Form 990) 2014

X

CALIFORNIA

501(C)(3)

LINE 5

Schedules (Form 990) 2014 SERVICES CORPORATION

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	'(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	dominant income share of total share of end-of-year assets bisproportionate allocations?		Codes/-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership		
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes No	

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) ction (b)(13) trolled tity?
		3						
		40						

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

	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or mo					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		X
b	Gift, grant, or capital contribution to related organization(s)			1b		X
С	Gift, grant, or capital contribution from related organization(s)			1c		X
d	Loans or loan guarantees to or for related organization(s)			1d		X
е	Loans or loan guarantees by related organization(s)			1e		X
f	Dividends from related organization(s)			1f		X
g	g Sale of assets to related organization(s)			1g		X
h	Purchase of assets from related organization(s)			1h		X
i	Exchange of assets with related organization(s)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)			1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)			1k	Х	
1	Performance of services or membership or fundraising solicitations for related organization(s)		***************************************	11		X
m	n Performance of services or membership or fundraising solicitations by related organization(s)			1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					Х
0	Sharing of paid employees with related organization(s)			10	X	
P	Reimbursement paid to related organization(s) for expenses			1p	Х	<u> </u>
q	Reimbursement paid by related organization(s) for expenses			1q	X	
r	Other transfer of cash or property to related organization(s)			1r		X
S	Other transfer of cash or property from related organization(s)			1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including covered	relationships and transaction thresholds.			
	(a) (b)	(c)	(d)			
	Name of related organization Transaction	Amount involved	Method of determining amount	involved		
	type (a-s)					
1) (CALIFORNIA STATE UNIVERSITY SAN MARCOS P	3,534,473.	COST REIMBURSEMENT			
2) (CALIFORNIA STATE UNIVERSITY SAN MARCOS Q	998,971.	COST OF SERVICES			
3)						
4)						
5)						
-						
6)	41					

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)	Are partne 501(org	all rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	opor- nate tions?	(i) Code&/-UBI amount in box 20 of Schedule K-1 (Form 1065)	General manag partne	(k) Percer ging owner	ntage
			5555515 6 12 6 11 7	res	NO			res	NO	(4 (6)	res		
			1										
		0											

UNIVERSITY AUXILIARY AND RESEARCH

Schedule R (Form 990) 2014	The same of the sa	g
Schedule R (Form 990) 2014 Part VII Supplemental Inform	nation	
Provide additional information	ion for responses to questions on Schedule R (see instructions).	
	*	

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, comple t	te only Pa	rt I and check this box		ss	X		
•	re filing for an Additional (Not Automatic) 3-Month Ex			,				
	mplete Part II unless you have already been granted a							
	filing _(e-file). You can electronically file Form 8868 if y							
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 88	368 to request an	extension		
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers /	Associated With Co	ertain		
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details	on the elec	tronic filing of this	form,		
	irs.gov/efile and click on e-file for Charities & Nonprofits							
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).				
A corpora	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension -scheck this box and	complete		_		
Part I only						-		
	orporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time			
to file inco	me tax returns.			Enter file	er's identifying nu	mber		
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	ridentification num	ber (EIN) or		
print	UNIVERSITY AUXILIARY AND RI	ESEAR	CH					
	SERVICES CORPORATION				33-03976	88		
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SS	N)		
filing your return. See	435 E CARMEL STREET							
instructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions,					
	SAN MARCOS, CA 92078	J						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)		2 2	0 1		
	The state of the s	- u - o p u . u			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Application	on.	Return	Application			Return		
Is For		Code						
	or Form 990-EZ	01	Form 990-T (corporation)			Code 07		
Form 990		02	Form 1041sA		08			
	0.45 30.00 a sa	03				09		
	O (individual)		Form 4720 (other than individual)					
Form 990		04	Form 5227			10		
	T (sec. 401(a) or 408(a) trust)	05	Forms6069			11		
Form 990	T (trust other than above)	06	Form 8870			12		
	BELLA NEWBERG,			D.C.C.C	G3 02006	0001		
	oks are in the care of \triangleright 333 S. TWIN OAL	NS VA.		RCOS,	CA 92096	-0001		
	one No. ▶ 760 - 750 - 4700		Fax No.s					
	rganization does not have an office or place of busines					L		
If this i	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole group,	check this		
box 🕨	If it is for part of the group, check this box 🕨	and atta	ach a list with the names and EINs o	f all memb	ers the extension i	s for.		
1 red	quest an automatic 3-month (6 months for a corporation							
_	FEBRUARY 15, 2016, to file the exemp	t organiza	tion return for the organization name	ed above.	The extension			
is fo	r the organization's return for:							
	calendar year or							
	X tax year beginning JUL 1, 2014	, an	d ending JUN 30, 2015					
2 If th	e tax year entered in line 1 is for less than 12 months, o	heck reas	son: Initial return	Final retur	n			
	Change in accounting period							
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any					
	refundable credits. See instructions.	,	· · · · · · · · · · · · · · · · · · ·	3a	\$	0.		
	is application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	v refundable credits and					
	mated tax payments made. Include any prior year overp			3ь	s	0.		
	ance due. Subtract line 3b from line 3a. Include your pa			05				
	using EFTPS (Electronic Federal Tax Payment System).	•		3c	\$	0.		
	If you are going to make an electronic funds withdrawal				nd Form 0070 FO			
instruction.		(all ect de	with this Form 6000, see FORM 6	J4JJ-EU al	110 FOITH 00/8-EO I	or payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 423841 05-01-14

Form 8868 (Rev. 1-2014)

ATTACHMENT H

Proposed FY 16/17 Meeting Calendar



BOARD OF DIRECTORS FY 16/17 Meeting Calendar

Location: Center for Children and Families Classroom

Meeting Time: 4:00 p.m. – 5:30 p.m.

Thursday, September 8, 2016 (Annual Meeting)

Thursday, November 10, 2016

Thursday, February 23, 2017

Thursday, May 25, 2017