

Dr. Matthew J. Ceppi
Designated Member
President's Designee
AVP for Institutional Planning &
Analysis and Chief of Staff,
Office of
President Karen S. Haynes

David Chang
Community Member
Hampton Inn San Diego,
San Marcos

Dr. Chuck De Leone
Professor, Physics

Dr. Regina Eisenbach
Dean, Academic Programs

Neal Hoss
Designated Member
Interim Vice President for
Finance & Administrative
Services

Brandon Losey
Alumni Member
Dabelgott Agency
Insurance & Financial Services

Collin Bogie
Student Member
President, Associated Students,
Inc.

DawnMarie Myers
Student Member

Dr. Graham Oberem
Designated Member
Provost

Jason Schreiber
Director, Student Life &
Leadership

Dr. Sharon Whitehurst-Payne
Community Member

Regular Meeting of the Board of Directors
Thursday, February 23, 2017 @ 4:00 p.m. – 5:30 p.m.
Center for Children and Families Classroom

AGENDA

- I. **Convening of Regular Board Meeting (Ceppi)**
 - A. Consideration of Minutes November 10, 2016 Regular Meeting **(Attachment A)**

- II. **Committee Reports and University Updates**
 - A. Sponsored Projects *(Oberem/Meeks)*
 - B. Investment Portfolio Report 12/31/16 *(Fenimore)* **(Attachment B)**
 - C. Administration Update *(Newberg)*
 - D. Chair Update *(Ceppi)*
 - E. University Update *(Ceppi)*

- III. **Consent Agenda from the following Committees: (Ceppi)**

Finance and Operations Committee

 - A. Quarterly Financial Report & Summary 12/31/16 **(Attachment C)**
 - B. Revision to 2016/2017 Budget **(Attachment D)**
 - C. Compensation Changes **(Attachment E)**

Joint Audit Committee

 - D. Form 990 Tax Return FY 15/16 Ratification **(Attachment F)**

Nominating and Governance Committee

 - E. Revision to Board Officers **(Attachment G)**

Executive Committee

 - F. Revision to Committee Chair Appointments **(Attachment H)**

- IV. **Action Items**
 - A. Intent to Merge Resolution *(Newberg)* **(Attachment I)**
 - B. Resolution Approving Participation in QUAD Renegotiations *(Newberg)* **(Attachment J)**
 - C. Resolution Approving Participation in EL P3 Project *(Newberg)* **(Attachment K)**
 - D. Student Housing Committee Resolution *(Newberg)* **(Attachment L)**
 - E. Proposed FY 17/18 Meeting Calendar *(Newberg)* **(Attachment M)**

- V. **Adjournment of Meeting (Ceppi)**

Next Meeting: May 25, 2017 Center for Children & Families Classroom

ATTACHMENT A

Minutes of the November 10, 2016 Regular Meeting



**Minutes of the Regular Meeting of the Board of Directors
November 10, 2016**

Center for Children and Families Classroom

Attendees:

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

Members Absent: Matthew Ceppi, David Chang, Regina Eisenbach

Staff: Bella Newberg, Cynthia Fenimore, Michelle Meeks, Karla Frazee, Justin Cox

Convening of the Regular Meeting

A quorum being present, Chair Hawk called the meeting to order at 4:00 p.m.

Minutes of the September 8, 2016 Annual Meeting

A motion was made and seconded (Myers/Whitehurst-Payne) to approve the September 8, 2016 minutes. Motion carried.

Minutes of the September 8, 2016 Regular Meeting

A motion was made and seconded (Bogie/Myers) to approve the September 8, 2016 minutes. Motion carried.

University Updates and Committee Reports

Administration Update

Newberg was happy to announce that UARSC issued ten (10) \$700 scholarships in the form of a gift card to the University Store. We worked with the Financial Aid and Scholarships Office to identify the recipients.

Newberg reported on the UARSC/SMCOR merger plan. The goal of the restructuring is to align programs that will support the future growth of the campus. Target date of completion is June 30, 2017 and shortly after completion there will be a name change. The newly merged auxiliary will maintain the UARSC corporate structure. Student Housing and Summer Conferencing will move to UARSC. Newberg reported that we are currently working on terms of a contract to hire Capstone to manage Summer Conferencing. ASI operations will expand to include all student fee funded operations. Foundation will remain unchanged. Robert Griffin, legal consultant with the AOA and Legislative & Compliance Advisor has been assisting with the many details involved. Revised documents, Bylaws and Articles of Incorporation will be presented to the Board for approval.

Newberg reported that a decision was made to cancel the RFIQ regarding the P3 Project due to obstacles proposed by the Chancellor's Office. Another opportunity presented itself via North City Partners. The project will include a 120,000 square foot building, parking structure and pedestrian bridge. Project site is the northeast corner of Barham Drive and Campus Way. The building will house Extended Learning, UARSC offices and campus operations. This Project is the University's best opportunity to obtain space for EL and the Campus. Newberg reviewed the details of the Letter of Intent, a non-binding agreement between UARSC and North City Partners (NCP). NCP will finance the construction of the building and parking structure. The Capital Lease will be a 30 year lease with ownership at the end of the lease. NCP will donate the land (2 acres) at the end of the term. UARSC will enter into a lease agreement with CSUSM for oversight of the Project. This Letter of Intent will allow us to engage in the details of the project. Next steps will be to meet with the Chancellor's Office, retain a real estate attorney and negotiate contract terms and conditions with NCP. Approval to move forward with the Letter of Intent will be voted on later in the meeting.

Finance and Operations Committee

Hawk reported. The Finance & Operations Committee met on November 1, 2016 and reviewed three items which will be considered for action later in the meeting.

Joint Audit Committee

Vice Chair Myers reported due to Chang being absent. The Joint Audit Committee of the three Auxiliaries (UARSC, Foundation, and ASI) met on September 21, 2016 to review Financial Audit Reports for 6/30/16. AKT Audit Team provided an overview of the audit process. 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. Overall UARSC received a clean opinion and there were no significant deficiencies, material weaknesses or compliance findings reported. A motion carried to move forward to the UARSC Board and recommend for acceptance, the Financial Audit Report and A-133 Compliance Report, 6/30/16.

Sponsored Projects Committee

Oberem reviewed the Q1 of 16/17 Proposal Report and Awards report provided prior to the meeting. The number of submissions is up and the number of dollars requested is up. Q1, FY 16/17 awards total \$10.5M in funding, up from last year. The campus continues to surge in both submissions and awards however, there are some concerns regarding low IDC grants. The Grand Proposal Seed Money program (GPSM) continues to be a very effective program.

Investment Report

Fenimore reviewed the Investment Report provided prior to the meeting. We have seen a gain in First Quarter earnings. Qt 1 investment income projected as flat. We continue to be conservative in our approach.

University Update

Hawk reported the campus has been quiet and the semester is humming along. Chancellor’s Office is planning for FY 17/18 budget. A 5% tuition fee increase may be proposed if the University does not get the funding requested.

Consent Agenda

Hawk explained the purpose of the Consent Agenda is to save time. Hawk asked if anyone had any questions about the Consent Agenda process. There being none Hawk 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 Joint Audit Committee to approve Financial Audit Report & A-133 Compliance Report 6/30/16 (Attachment I) and the Finance and Operations Committee to approve Quarterly Financial Report & Summary 09/30/16 (Attachment F), New Risk Policy (Attachment G), UARSC Compensation Structure Revision - December 2016 & January 2017 (Attachment H). Motion carried.*

Action Items

P3 Term Sheet

Newberg requested approval to proceed with signing a Letter of Intent (P3 Term Sheet), a non-binding agreement between UARSC and North City Partners that was discussed earlier in the meeting. *A motion was made and seconded (Losey/De Leone) to approve the P3 Term Sheet as presented. Motion carried.*

Delegation of Authority

Fenimore reviewed the revisions made to the Delegation of Authority document (Attachment J). *A motion was made and seconded (Whitehurst-Payne/Schreiber) to approve the Delegation of Authority document as presented. Motion carried.*

Adjournment

The Regular Meeting adjourned by acclamation at 5:07 p.m.

Graham Oberem
Secretary

Date

ATTACHMENT B

Investment Portfolio Report

UNIVERSITY
AUXILIARY AND RESEARCH SERVICES
CORPORATION
at California State University San Marcos

Investment Portfolio Report
As of December 31, 2016

Investment Type	Market Value				
	12/31/2015	3/31/2016	6/30/2016	9/30/2016	12/31/2016
Mutual Funds					
PIMCO Bond Fund A	\$ 897,598	\$ 588,456	\$ 598,586	\$ 706,654	\$ 716,845
PIMCO Low Duration	\$ 704,089	\$ 606,598	\$ 610,216	\$ 604,845	\$ 603,874
PIMCO Short Term	\$ 611,959	\$ 609,759	\$ 614,668	\$ 611,743	\$ 616,711
	\$ 2,213,646	\$ 1,804,813	1,823,471	1,923,242	1,937,430
Certificates of Deposit					
FirstBank PR (Maturity 2/1/17)	\$ 244,683	\$ 245,323	\$ 245,221	\$ 245,137	\$ 245,037
JP Morgan Chase (Maturity 3/31/17)	\$ 244,405	\$ 245,233	\$ 245,225	\$ 245,049	\$ 245,000
Barclays Bank (Maturity 7/31/17)	\$ 245,007	\$ 245,799	\$ 245,635	\$ 245,600	\$ 245,270
ALLY BK (Maturity 3/12/18)	\$ -	\$ 244,363	\$ 247,455	\$ 244,571	\$ 244,228
Capital One Bank (Maturity 8-3-18)	\$ -	\$ -	\$ -	\$ 244,439	\$ 243,711
Capital One Bank (Maturity 10-5-18)	\$ -	\$ -	\$ -	\$ 245,000	\$ 243,689
American Express (Maturity 12/31/18)	\$ 245,000	\$ 247,291	\$ 244,630	\$ 247,185	\$ 245,671
Bank Hapoalim (Maturity 3/4/16)	\$ 249,885	\$ -	\$ -	\$ -	\$ -
Goldman Sachs BK USA (Maturity 9/26/16)	\$ 245,368	\$ 245,588	\$ 245,225	\$ -	\$ -
ESSA Bank & Trust (Maturity 11/30/15)	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ 1,474,348	\$ 1,473,597	\$ 1,473,391	\$ 1,716,982	\$ 1,712,606
Sweep Account					
Where funds are directed when CD expires or cash is on hand	\$ 3,371	\$ 13,352	\$ 16,058	\$ 6,664	\$ 9,364
Total Portfolio	\$ 3,691,365	\$ 3,291,761	\$ 3,312,919	\$ 3,646,888	\$ 3,659,400

ATTACHMENT C

Quarterly Financial Report & Summary 12/31/16

University Auxiliary and Research Services Corporation
Statement of Financial Position
December 31, 2016

	Balance 12/31/16	Balance 9/30/16	Quarter Increase/ (Decrease)
Assets			
Cash and Short-Term Investments	\$ 4,064,819	\$ 4,429,865	\$ (365,046)
Accounts Receivable-Sponsored Programs	1,539,706	1,183,405	356,301
Other Receivable	754,137	776,538	(22,401)
Other Assets	107,959	130,169	(22,210)
CCF-Bldg & Fixtures (Net)	4,480,625	4,551,874	(71,249)
Property & Equipment (Net)	2,208,586	2,239,148	(30,562)
Total Assets	\$ 13,155,832	\$ 13,310,999	\$ (155,167)
Liabilities & Net Assets			
Liabilities:			
Accounts Payable and Accrued Expenses	1,065,149	\$ 1,071,428	\$ (6,279)
Deferred Revenue	2,473,134	2,659,848	(186,714)
Notes Payable - CSUSM	198,291	198,291	-
Post-Retiree Health Benefit Accrual	1,397,657	1,357,347	40,310
Total Liabilities	\$ 5,134,231	\$ 5,286,914	\$ (152,683)
Net Assets:			
Unrestricted:			
Operating Reserves	\$ 1,560,806	\$ 1,560,806	\$ -
Campus/Designated Programs	1,621,258	1,579,960	41,298
Administrative Current Year Net Activity	237,319	219,082	18,237
CCF-Bldg & Fixtures	4,480,626	4,551,875	(71,249)
Property & Equipment	121,592	112,362	9,230
Total Net Assets	\$ 8,021,601	\$ 8,024,085	\$ (2,484)
Total Liabilities & Net Assets	\$ 13,155,832	\$ 13,310,999	\$ (155,167)

University Auxiliary and Research Services Corporation
Administrative Operating Summary
7/1/16 to 12/31/16

	Annual Budget FY 16/17	Quarter 2 10/1/16 to 12/31/16			Fiscal Year To Date 7/1/16 to 12/31/16			Comparison of Prior FYTD Actual to Current FYTD Actual		
		Budget	Actual	Variance	Budget	Actual	Variance	Prior FYTD 12/31/15	Current FYTD 12/31/16	% Increase (Decrease)
Revenue										
Grant/Contract Admin Fees	\$ 1,081,875	\$ 270,469	\$ 250,158	\$ (20,310)	\$ 540,938	\$ 610,160	\$ 69,223	\$ 550,605	\$ 610,160	11%
Less: University Sharing	(235,000)	(58,750)	(58,750)	-	(117,500)	(117,500)	-	(116,743)	(117,500)	1%
Net Grant/Contract Admin Fees	\$ 846,875	\$ 211,719	\$ 191,408	\$ (20,310)	\$ 423,438	\$ 492,660	\$ 69,223	\$ 433,862	\$ 492,660	14%
Admin Fees - Campus Programs	235,000	58,750	63,161	4,411	117,500	124,117	6,617	117,545	124,117	6%
Bookstore Net Revenue	333,000	16,650	29,381	12,731	166,500	180,773	14,273	177,877	180,773	2%
Other Commercial Services Revenues	138,960	34,740	41,270	6,530	69,480	53,070	(16,410)	44,327	53,070	20%
Investment Income	-	-	14,629	14,629	-	47,534	47,534	(10,274)	47,534	563%
Exchange of Value - CSUSM	445,000	111,250	111,250	-	222,500	222,500	-	163,765	222,500	36%
Space Rental	139,092	34,773	34,773	-	69,546	69,546	-	69,546	69,546	0%
Other Revenue	42,500	10,625	11,178	553	21,250	36,700	15,450	45,000	36,700	-18%
Total Revenue	\$ 2,180,427	\$ 478,507	\$ 497,051	\$ 18,545	\$ 1,090,214	\$ 1,226,901	\$ 136,688	\$ 1,041,648	\$ 1,226,901	18%
Post-Retirement	\$ 161,242	\$ 40,311	\$ 40,311	\$ -	\$ 80,621	80,621	\$ -	\$ 58,620	80,621	38%
Expenses: UARSC Operations	1,977,078	494,270	438,505	55,765	988,539	908,962	79,577	942,056	908,962	-4%
Net Operating Revenues	\$ 42,107	\$ (56,073)	\$ 18,236	\$ 74,310	\$ 21,054	\$ 237,319	\$ 216,265	\$ 40,972	\$ 237,319	479%

University Auxiliary and Research Services Corporation
Program Revenue Activity Summary
7/1/16 to 12/31/16

Program Activity	Annual Budget FY16/17	Quarter 2 10/1/16 - 12/31/16			Fiscal Year To Date 7/1/16 - 12/31/16			Comparison of Prior FYTD Actual to Current FYTD Actual		
		Budget	Actual	Variance	Budget	Actual	Variance	Prior FYTD 12/31/15	Current FYTD 12/31/16	% Increase (Decrease)
Grants/Contracts										
Federal	\$ 9,506,440	\$ 2,376,610	\$ 1,771,404	\$ (605,206)	\$ 4,753,220	\$ 3,801,841	\$ (951,379)	\$ 3,370,588	\$ 3,801,841	13%
Other Grants/Contracts	1,316,048	329,012	311,650	(17,362)	658,024	437,572	(220,452)	690,378	437,572	-37%
Total Grants/Contracts	\$ 10,822,488	\$ 2,705,622	\$ 2,083,054	\$ (622,568)	\$ 5,411,244	\$ 4,239,413	\$ (1,171,831)	\$ 4,060,966	\$ 4,239,413	4%
Campus/Designated Programs	\$ 2,763,486	\$ 690,872	\$ 895,984	\$ 205,112	\$ 1,381,743	\$ 1,703,692	\$ 321,949	\$ 1,643,188	\$ 1,703,692	4%
Total Program Revenues	\$ 13,585,974	\$ 3,396,494	\$ 2,979,038	\$ (417,456)	\$ 6,792,987	\$ 5,943,105	\$ (849,882)	\$ 5,704,154	\$ 5,943,105	4%

ATTACHMENT D

Revision to 2016/2017 Budget

UARSC ADMIN BUDGET
FY 2016-17 Revised Budget
 Revision Date 2-06-17

	FY 2016-17 Board Approved Budget			FY 16/17 Proposed Budget Adjustments				
	FY 2016-17 UARSC Admin Budget Board Approved	FY 2016-17 Sponsored Proj Budget Board Approved	FY 2016-17 UARSC Admin Combined Budget Board Approved	FY 2016-17 UARSC Admin Total Actuals as of 12-31-16	Proposed Adjustments UARSC Admin	Proposed Adjustments Sponsored Proj	Total Proposed Adjustments	Net Effect of Proposed Budget Adjustments
Revenues								
Investment Interest	0	0	0	47,534	0	0	0	0
Commissions Coffee Cart	32,000	0	32,000	17,533	0	0	0	32,000
Commissions ATM (WF & Allstate)	12,960	0	12,960	6,655	0	0	0	12,960
Commissions Follett	333,000	0	333,000	180,773	0	0	0	333,000
Commissions Pepsi	41,500	0	41,500	3,544	20,000	0	0	61,500
Commissions First Class Vending	17,500	0	17,500	6,759	0	0	0	17,500
Commissions Catering	35,000	0	35,000	9,985	0	0	0	35,000
Rev Other Miscellaneous	2,500	0	2,500	5,824	3,324	0	3,324	5,824
Space Rental	139,092	0	139,092	69,546	0	0	0	139,092
Project Revenue	40,000	0	40,000	10,876	2,000	0	2,000	42,000
Exchange of Value - Campus	445,000	0	445,000	222,500	0	0	0	445,000
Overhead Admin Fee-Campus Programs	235,000	0	235,000	124,117	0	0	0	235,000
Indirect Cost - Sponsored Projects	0	1,081,875	1,081,875	610,160	0	48,125	48,125	1,130,000
Indirect Allocation-Sponsored Projects	0	(235,000)	(235,000)	(117,500)	0	(45,125)	(45,125)	(280,125)
Total Revenues	1,333,552	846,875	2,180,427	1,198,307	25,324	3,000	28,324	2,208,751
Expenditures								
Salaries	258,733	412,424	671,157	324,994	(15,000)		(15,000)	656,157
Benefits	109,493	155,038	264,531	128,784	(6,000)		(6,000)	258,531
Telephone	6,700	1,800	8,500	3,909				8,500
Utilities	36,517		36,517	28,132				36,517
Travel & Meetings	13,575	9,000	22,575	9,260	(2,000)		(2,000)	20,575
Contractual Services	108,000	28,497	135,567	32,333	(14,833)		(14,833)	121,664
Membership Dues & Subscriptions	2,650	1,650	4,300	449				4,300
Loan Interest Charges								0
Bank Service Charges	8,100		8,100	4,137				8,100
Insurance Premium	39,531	4,048	43,579	21,710				43,579
Space Rental	156,963	12,552	169,515	84,758				169,515
Community Relations & Support	9,250	0	9,250	1,073				9,250
SupSvc Payroll Fees	39,140	46,150	85,290	31,852	(9,815)	(13,750)	(23,565)	61,725
Supplies & Services	26,140	14,157	40,297	18,522	1,903		1,903	42,200
Commercial Services Repair & Maint	28,000	0	28,000	12,321				28,000
Campus Support Operations	210,621	181,779	392,400	196,200				392,400
Campus Relations	57,500	0	57,500	0				57,500
Total Expenditures	1,118,203	867,595	1,977,078	870,482	(45,745)	(13,750)	(59,495)	1,918,513
Net Income/(Loss)	217,349	214,280	203,349	327,824.88	71,069	16,750	87,819	290,238
603813 - Benefits Post Retire Health	58,277	102,965	161,242	80,621				161,242
Net Income/(Loss)	\$ 159,072	\$ 111,315	\$ 42,107	\$ 247,204	\$ 71,069	\$ 16,750	\$ 87,819	\$ 128,996

ATTACHMENT E

UARSC Positions and Grades Salary Ranges
Effective December 2016 and January 2017

**University Auxiliary and Research Services Corporation (UARSC) Positions and Grades
Effective December 2016**

Grade	Classification or Job Title	Rate Ranges* ANNUAL			Rate Ranges* MONTHLY			Rate Ranges* HOURLY		
		Min	Mid	Max	Min	Mid	Max	Min	Mid	Max
Non-Exempt Job Titles										
1	Tutor/Mentor Bridges Scholar	20,800	25,230	29,661	1,733	2,103	2,472	10.00	12.13	14.26
2	SI Leader	21,320	26,541	31,741	1,777	2,212	2,645	10.25	12.76	15.26
3	Administrative Support I Researcher I/Research Assistant	26,874	33,758	40,643	2,239	2,813	3,387	12.92	16.23	19.54
4	Research Project Coordinator Administrative Support II Researcher II HR Specialist Sponsored Projects Analyst II Grant Analyst	30,909	38,813	46,717	2,576	3,234	3,893	14.86	18.66	22.46
5	Sponsored Projects Specialist Sponsored Projects Analyst III HR Generalist/Payroll Specialist	36,462	45,843	55,162	3,039	3,820	4,597	17.53	22.04	26.52
6	Executive Assistant	43,014	54,080	65,104	3,585	4,507	5,425	20.68	26.00	31.30
Exempt Job Titles										
9	Project/Program Specialist I Resident Director	41,600	47,690	53,780	3,467	3,974	4,482			
10	Project/Program Specialist II Fitness & Operations Supervisor Night and Weekend Supervisor	42,660	52,173	61,685	3,555	4,348	5,140			
11	Researcher III (full-time) Research Associate Research Scientist Post Doctoral Researcher Director Outreach Programs	44,320	57,134	69,947	3,693	4,761	5,829			
12	Sponsored Projects Administrator Facilities Maintenance Engineer	46,138	63,744	81,349	3,845	5,312	6,779			
13	Researcher IV Program/Project Directors Director, Sponsored Projects	54,443	74,623	94,802	4,537	6,219	7,900			
14	Director, HR & Payroll Director, Business Operations & Finance	68,054	92,453	116,851	5,671	7,704	9,738			
15	Chief Financial Officer (CFO)/Sr Director	80,303	108,500	136,697	6,692	9,042	11,391			
16	Executive Director	116,440	155,839	195,238	9,703	12,987	16,270			
Special Job Titles										
17	Special Consultant	Range of \$160 per day to \$1,620 per day								
*Special Consultants are considered "employees" and are not designated as independent contractors										

Scale Change History

- *Shift ranges moved up by 3.5% on 09-01-02
- *No range movement on 09-01-03
- *Shift ranges moved up by 2% on 09-01-04
- *Range adjustments per comp study 02-01-05
- *Range adjustments per comp study 10-26-05
- *Range adjustments per comp study 01-01-07 and adjustment to Pay Grades 1 and 9 to meet minimum salary requirement per California Wage and Hour Law 01-01-07
- *Adjustment to Pay Grades 1 and 9 to meet minimum salary requirement per California Wage and Hour Law 01-01-08
- *Adjustment to Pay Grades 1 and 9 to meet minimum salary requirement per California Wage and Hour Law 07-01-14
- *Adjustment to Pay Grades 1 and 9 to meet minimum salary requirement per California Wage and Hour Law 01-01-16
- *Adjustment to All Pay Grades - UARSC BOD approval for 8% increase to maximum range amounts 07-01-16
- *Add Pay Grade 6 for higher level non-exempt, hourly positions (18% above Pay Grade 5) and Adjustment to Pay Grades 9 - 16 maximum pay rates but no change to the minimum pay rates due to FLSA change halt 12-01-16

Approved on: _____ by: _____

**University Auxiliary and Research Services Corporation (UARSC) Positions and Grades
Effective January 2017**

Grade	Classification or Job Title	Rate Ranges* ANNUAL			Rate Ranges* MONTHLY			Rate Ranges* HOURLY		
		Min	Mid	Max	Min	Mid	Max	Min	Mid	Max
Non-Exempt Job Titles										
1	Tutor/Mentor Bridges Scholar	21,840	26,499	31,158	1,820	2,208	2,597	10.50	12.74	14.98
2	SI Leader	22,048	27,456	32,864	1,837	2,288	2,739	10.60	13.20	15.80
3	Administrative Support I Researcher I/Research Assistant	27,789	34,944	42,058	2,316	2,912	3,505	13.36	16.80	20.22
4	Research Project Coordinator Administrative Support II Researcher II HR Specialist Sponsored Projects Analyst II Grant Analyst	31,990	40,144	48,360	2,666	3,345	4,030	15.38	19.30	23.25
5	Sponsored Projects Specialist Sponsored Projects Analyst III HR Generalist/Payroll Specialist	37,731	47,424	57,096	3,144	3,952	4,758	18.14	22.80	27.45
6	Executive Assistant	44,512	55,952	67,392	3,709	4,663	5,616	21.40	26.90	32.40
Exempt Job Titles										
9	Project/Program Specialist I Resident Director	43,680	48,730	53,780	3,640	4,061	4,482			
10	Project/Program Specialist II Fitness & Operations Supervisor Night and Weekend Supervisor	44,740	53,213	61,685	3,728	4,434	5,140			
11	Researcher III (full-time) Research Associate Research Scientist Post Doctoral Researcher Director Outreach Programs	46,400	58,174	69,947	3,867	4,848	5,829			
12	Sponsored Projects Administrator Facilities Maintenance Engineer	48,218	64,784	81,349	4,018	5,399	6,779			
13	Researcher IV Program/Project Directors Director, Sponsored Projects	56,523	75,663	94,802	4,710	6,305	7,900			
14	Director, HR & Payroll Director, Business Operations & Finance	70,134	93,493	116,851	5,845	7,791	9,738			
15	Chief Financial Officer (CFO)/Sr Director	87,898	112,298	136,697	7,325	9,358	11,391			
16	Executive Director	124,035	159,637	195,238	10,336	13,303	16,270			
Special Job Titles										
17	Special Consultant	Range of \$168 per day to \$1,620 per day								
*Special Consultants are considered "employees" and are not designated as independent contractors										

Scale Change History

- *Shift ranges moved up by 3.5% on 09-01-02
- *No range movement on 09-01-03
- *Shift ranges moved up by 2% on 09-01-04
- *Range adjustments per comp study 02-01-05
- *Range adjustments per comp study 10-26-05
- *Range adjustments per comp study 01-01-07 and adjustment to Pay Grades 1 and 9 to meet minimum salary requirement per California Wage and Hour Law 01-01-07
- *Adjustment to Pay Grades 1 and 9 to meet minimum salary requirement per California Wage and Hour Law 01-01-08
- *Adjustment to Pay Grades 1 and 9 to meet minimum salary requirement per California Wage and Hour Law 07-01-14
- * Adjustment to Pay Grades 1 and 9 to meet minimum salary requirement per California Wage and Hour Law 01-01-16
- * Adjustment to All Pay Grades - UARSC BOD approval for 8% increase to maximum range amounts 07-01-16
- * Add Pay Grade 6 for higher level non-exempt, hourly positions (18% above Pay Grade 5) and Adjustment to Pay Grades 9 - 16 maximum pay rates but no change to the minimum pay rates due to FLSA change halt 12-01-16
- * Adjustments to Pay Grades 1 to 6 (5% Pay Grade 1, 3.5% Pay Grades 2 - 6) and Min Pay Rates to Pay Grades 9 to 17 due to CA Minimum Wage 01-01-17

Approved on: _____ by: _____

ATTACHMENT F

Form 990 Tax Return FY 15/16
(Will be sent as separate attachment due to size)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

DRAFT

February 6, 2017

University Auxiliary and Research
Services Corporation
435 E Carmel Street
San Marcos, CA 92078
Attention: Bella Newberg

Dear Bella:

Enclosed is the organization's 2015 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before May 15, 2017 to:

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

Enclose a check or money order for \$225.00, payable to

Attorney General Registry of Charitable Trusts.

The report should be signed and dated by the authorized individual(s).

Sincerely,

Elsa A. Romero

DRAFT

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)

OMB No. 1545-0047

2015
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.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION		D Employer identification number 33-0397688	
	Doing business as		E Telephone number 760-750-4700	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 15,549,137.	
	435 E CARMEL STREET		H(a) Is this a group return for subordinates? Yes X No	
City or town, state or province, country, and ZIP or foreign postal code SAN MARCOS, CA 92078		H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)		
F Name and address of principal officer: BELLA NEWBERG SAME AS C ABOVE		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: ▶ WWW.CSUSM.EDU/UARSC				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: 1990 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FINANCIAL AND PROGRAM ADMINISTRATIVE SUPPORT TO CALIFORNIA STATE UNIVERSITY SAN MARCOS.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 232
	6 Total number of volunteers (estimate if necessary) 6 29
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 7,442,989. Prior Year 9,838,625. Current Year
	9 Program service revenue (Part VIII, line 2g) 2,878,211. 2,878,211. 4,505,945.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -2,050. -2,050. -44,033.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 491,763. 491,763. 6,780.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,810,913. 10,810,913. 14,307,317.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 20,709. 20,709. 1,346,912.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,423,081. 6,423,081. 8,272,382.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,766,056. 4,766,056. 4,391,101.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,209,846. 11,209,846. 14,010,395.	
19 Revenue less expenses. Subtract line 18 from line 12 -398,933. -398,933. 296,922.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 12,726,349. Beginning of Current Year 13,030,707. End of Year
	21 Total liabilities (Part X, line 26) 5,237,196. 5,237,196. 5,189,699.
	22 Net assets or fund balances. Subtract line 21 from line 20 7,489,153. 7,489,153. 7,841,008.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	BELLA NEWBERG, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ELSA A. ROMERO	Preparer's signature	Date 02/06/17	Check if self-employed	PTIN P00485021
	Firm's name ▶ ALDRICH CPAS AND ADVISORS, LLP	Firm's EIN ▶ 93-0623286	Phone no. (619) 810-4940		
Firm's address ▶ 7676 HAZARD CENTER DRIVE, STE 1300		SAN DIEGO, CA 92108			

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

UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION

Form 990 (2015)

33-0397688 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION IS A NON-PROFIT TAX EXEMPT ORGANIZATION ESTABLISHED TO PROVIDE ADMINISTRATIVE AND OTHER BUSINESS SERVICES TO CALIFORNIA STATE UNIVERSITY SAN MARCOS. SERVICES INCLUDE THE ADMINISTRATION OF RESEARCH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,800,563. including grants of \$ 1,187,685.) (Revenue \$) ADMINISTRATION OF RESEARCH AND TRAINING GRANTS AWARDED TO THE CAMPUS FACULTY FROM VARIOUS FEDERAL, STATE, AND OTHER GOVERNMENTAL AGENCIES AND PRIVATE FOUNDATIONS. FEDERAL GRANT REVENUES TOTALED \$8.6 MILLION WHILE STATE AND LOCAL GOVERNMENT AGENCY GRANT REVENUES TOTALED \$742,000. GRANTS AND AWARDS FROM PRIVATE FOUNDATIONS AND OTHER NON-GOVERNMENTAL ENTITIES TOTALED \$455,000.

4b (Code:) (Expenses \$ 2,917,650. including grants of \$ 159,227.) (Revenue \$ 4,153,388.) PROVIDE FINANCIAL AND ADMINISTRATIVE SUPPORT SERVICES TO VARIOUS CAMPUS PROGRAMS AND ACTIVITIES INCLUDING STUDENT HOUSING AND ASSOCIATED STUDENT'S ORGANIZATIONS. OTHER CAMPUS PROGRAMS FOR WHICH SERVICES WERE PROVIDED INCLUDE FACULTY RESEARCH DEVELOPMENT AND VARIOUS COMMUNITY OUTREACH PROGRAMS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 352,557.) OPERATION OF THE CAMPUS FOOD SERVICE AND BOOKSTORE ACTIVITIES FOR THE STUDENTS, FACULTY, AND STAFF OF CALIFORNIA STATE UNIVERSITY SAN MARCOS.

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

4e Total program service expenses 11,718,213.

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Form 990 (2015)

33-0397688 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 244		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 232		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2015)

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	11		
b Enter the number of voting members included in line 1a, above, who are independent	1b	3		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6			<input checked="" type="checkbox"/>
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			<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b		<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			<input checked="" type="checkbox"/>

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			<input checked="" type="checkbox"/>
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			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	13		<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	14		<input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization	15b		<input checked="" type="checkbox"/>	
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			<input checked="" type="checkbox"/>
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **BELLA NEWBERG, EXECUTIVE DIRECTOR - 760-750-4700**
333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096-0001

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Form 990 (2015)

33-0397688 Page 7

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON WHITEHURST-PAYNE CHAIRMAN	3.00	X		X			0.	1,553.	0.	
(2) ERNEST ZOMALT VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(3) LINDA HAWK VICE CHAIRMAN	1.00	X		X			0.	219,578.	72,496.	
(4) GRAHAM OBEREM DIRECTOR	1.00	X					0.	233,208.	73,721.	
(5) MATTHEW J. CEPPI DIRECTOR	1.00	X					0.	175,272.	51,104.	
(6) TRES CONRIQUE DIRECTOR	1.00	X					0.	0.	0.	
(7) DIMITRIS MAGEMENEAS DIRECTOR	1.00	X					0.	0.	0.	
(8) DAWNMARIE MYERS DIRECTOR	1.00	X					8,770.	0.	351.	
(9) BRANDON LOSEY DIRECTOR	1.00	X					0.	0.	0.	
(10) JASON SCHREIBER DIRECTOR	1.00	X					0.	86,133.	29,156.	
(11) DAVID CHANG DIRECTOR	1.00	X					0.	0.	0.	
(12) DR. CHARLES DE LEONE DIRECTOR	1.00	X					28,075.	106,362.	48,192.	
(13) DR. REGINA EISENBACH DIRECTOR	1.00	X					0.	165,023.	59,451.	
(14) GREG SVATORA TREASURER/FINANCE DIRECTOR	40.00			X			0.	91,931.	34,197.	
(15) BELLA NEWBERG SECRETARY/ EXECUTIVE DIRECTOR	40.00			X			0.	146,907.	57,843.	
(16) CYNTHIA FENIMORE TREASURER/FINANCE DIRECTOR	40.00			X			14,137.	0.	5,655.	

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Form 990 (2015)

33-0397688 Page **9**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	9,383,953.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	454,672.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		9,838,625.				
	Program Service Revenue	2 a <u>CAMPUS PROGRAMS</u>	Business Code 900099	4,015,100.	4,015,100.		
b <u>COMMISSIONS- BOOKSTORE</u>		900099	352,557.	352,557.			
c <u>OTHER COMMISSIONS</u>		900099	138,288.	138,288.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			4,505,945.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,475.			15,475.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	139,092.				
		(ii) Personal					
		b Less: rental expenses	132,312.				
		c Rental income or (loss)	6,780.				
	d Net rental income or (loss)		6,780.			6,780.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,050,000.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	1,109,508.				
		c Gain or (loss)	-59,508.				
	d Net gain or (loss)		-59,508.			-59,508.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11	a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			14,307,317.	4,505,945.	0.	-37,253.	

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Form 990 (2015)

33-0397688 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	543,519.	543,519.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	803,393.	803,393.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	118,721.	118,721.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,355,686.	5,742,904.	612,782.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	323,308.	323,308.		
9 Other employee benefits	1,075,604.	891,174.	184,430.	
10 Payroll taxes	399,063.	361,071.	37,992.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	56,490.		56,490.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,945,927.	1,417,231.	528,696.	
12 Advertising and promotion	2,010.	2,010.		
13 Office expenses	475,801.	335,125.	140,676.	
14 Information technology	32,030.	32,030.		
15 Royalties				
16 Occupancy	50,059.	6,064.	43,995.	
17 Travel	423,121.	409,353.	13,768.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	367,254.	355,752.	11,502.	
20 Interest	6,520.		6,520.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	570,029.		570,029.	
23 Insurance	36,017.		36,017.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	240,700.	240,700.	0.	
b OTHER EXPENSES	96,137.	46,852.	49,285.	
c CATERING	48,267.	48,267.	0.	
d MEALS	32,138.	32,138.	0.	
e All other expenses	8,601.	8,601.		
25 Total functional expenses. Add lines 1 through 24e	14,010,395.	11,718,213.	2,292,182.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Form 990 (2015)

33-0397688 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,447,305.	1	310,348.	
	2 Savings and temporary cash investments	982,199.	2	1,476,791.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	1,196,562.	4	2,407,393.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	34,883.	9	20,012.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	11,094,565.			
	b Less: accumulated depreciation	4,162,954.			
	11 Investments - publicly traded securities	7,429,274.	10c	6,931,611.	
	12 Investments - other securities. See Part IV, line 11	1,575,045.	11	1,823,471.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	61,081.	14	61,081.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,726,349.	15	13,030,707.		
Liabilities	17 Accounts payable and accrued expenses	911,700.	16	1,098,749.	
	18 Grants payable		17		
	19 Deferred revenue	2,453,280.	18	2,144,605.	
	20 Tax-exempt bond liabilities		19		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
	23 Secured mortgages and notes payable to unrelated third parties		22		
	24 Unsecured notes and loans payable to unrelated third parties		23		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,872,216.	24	1,946,345.	
	26 Total liabilities. Add lines 17 through 25	5,237,196.	25	5,189,699.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	7,489,153.	26	7,841,008.	
	28 Temporarily restricted net assets		27		
	29 Permanently restricted net assets		28		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		29		
	31 Paid-in or capital surplus, or land, building, or equipment fund		30		
	32 Retained earnings, endowment, accumulated income, or other funds		31		
33 Total net assets or fund balances	7,489,153.	32	7,841,008.		
34 Total liabilities and net assets/fund balances	12,726,349.	33	13,030,707.		

Form 990 (2015)

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	14,307,317.
2	Total expenses (must equal Part IX, column (A), line 25)	14,010,395.
3	Revenue less expenses. Subtract line 2 from line 1	296,922.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	7,489,153.
5	Net unrealized gains (losses) on investments	54,933.
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)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	7,841,008.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2015)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7789329.	7527060.	7442507.	7442989.	9838625.	40040510.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7789329.	7527060.	7442507.	7442989.	9838625.	40040510.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						40040510.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	7789329.	7527060.	7442507.	7442989.	9838625.	40040510.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	183,024.	193,040.	167,373.	145,952.	154,567.	843,956.
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						41993329.
12 Gross receipts from related activities, etc. (see instructions)					12	16,717,477.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	▶					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	95.35 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	95.21 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ X	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
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," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a The organization satisfied the Activities Test. Complete line 2 below.			
b The organization is the parent of each of its supported organizations. Complete line 3 below.			
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
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 organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
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.			
2a			
2b			
3a			
3b			

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

DRAFT

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 its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION

Employer identification number

33-0397688

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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) (2015)

Name of organization UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION	Employer identification number 33-0397688
---	---

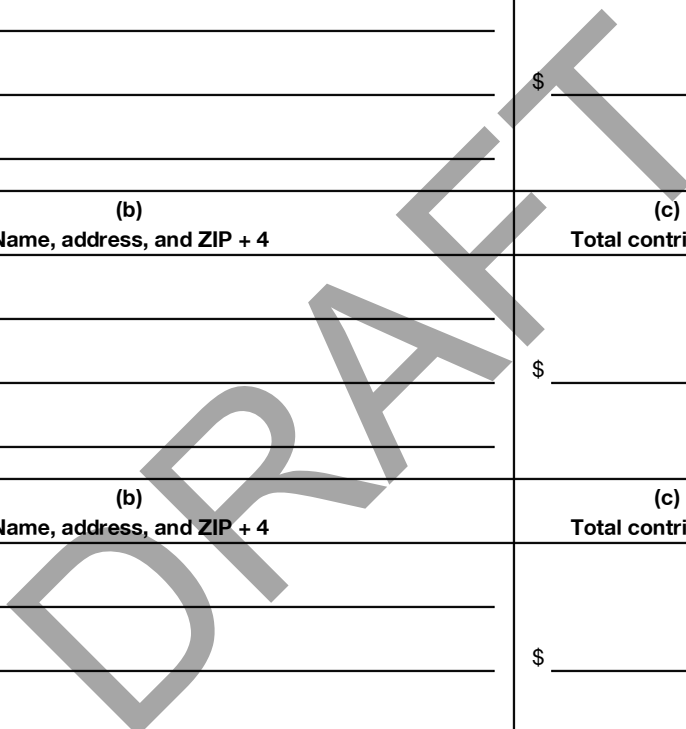
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE S.W WASHINGTON, DC 20201	\$ 3,270,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE NATIONAL SCIENCE FOUNDATION 4201 WILSON BOULEVARD ARLINGTON, VA 22230	\$ 1,252,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW WASHINGTON, DC 20202	\$ 2,714,752.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	US ENVIRONMENTAL PROTECTION AGENCY 1200 PENNSYLVANIA AVENUE N.W WASHINGTON, DC 20460	\$ 200,585.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CORPORATION FOR NATIONAL AND COMMUNITY SERVICE 1201 NEW YORK AVENUE NW WASHINGTON, DC 20525	\$ 210,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DEPARTMENT OF HOMELAND SECURITY 245 MURRAY LANE SW WASHINGTON, DC 20528-0075	\$ 745,789.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 additional space is needed.

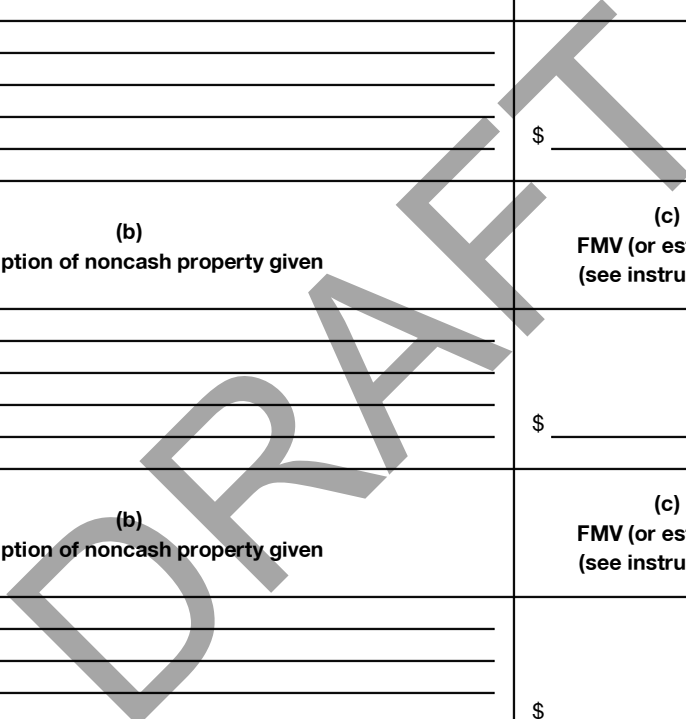
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE 1999 HARRISON STREET, SUITE 1650 OAKLAND, CA 94612	\$ 469,736.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)
			Person Payroll Noncash (Complete Part II for noncash contributions.)



Name of organization UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION	Employer identification number 33-0397688
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

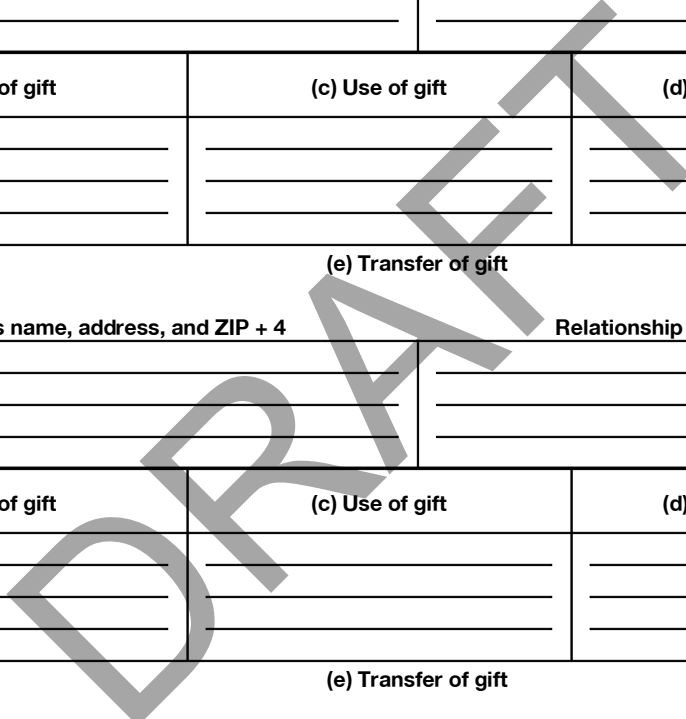
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION	Employer identification number 33-0397688
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2015

Open to Public Inspection

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

Name of the organization UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION
Employer identification number 33-0397688

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes	No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)	Preservation of a historically important land area
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- | | |
|--|------------------------------------|
| a Public exhibition | d Loan or exchange programs |
| b Scholarly research | e Other _____ |
| c Preservation for future generations | |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,385,743.	795,207.	3,590,536.
c Leasehold improvements		4,459,771.	1,699,528.	2,760,243.
d Equipment		2,249,051.	1,668,219.	580,832.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,931,611.

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST RETIREMENT BENEFITS	1,317,036.
(3) DUE TO RELATED ORGANIZATIONS	431,018.
(4) NOTE PAYABLE	198,291.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,946,345.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII **X**

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

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

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

1	Total revenue, gains, and other support per audited financial statements	1	15,263,050.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	54,933.
b	Donated services and use of facilities	2b	768,488.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	132,312.
e	Add lines 2a through 2d	2e	955,733.
3	Subtract line 2e from line 1	3	14,307,317.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,307,317.

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

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

1	Total expenses and losses per audited financial statements	1	14,911,195.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	768,488.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	132,312.
e	Add lines 2a through 2d	2e	900,800.
3	Subtract line 2e from line 1	3	14,010,395.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,010,395.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX POSITIONS. THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT OF ACTIVITIES, WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2016 AND 2015 AND THEREFORE NO AMOUNTS HAVE BEEN ACCRUED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSE - NETTED TO REVENUE 132,312.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSE - NETTED TO REVENUE 132,312.

DRAFT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Employer identification number
33-0397688

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY SAN MARCOS - 333 S. TWIN OAKS ROAD - SAN MARCOS, CA 92096	33-0535371	115	543,519.	0.			CAL STATE SAN MARCOS STUDENT SCHOLARSHIPS

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

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (2015)

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPENDS	2600	803,393.	0.		

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

PART I, LINE 2

GRANTS GIVEN TO CSUSM ARE FOR STUDENT SCHOLARSHIPS AND THE UNIVERSITY MONITORS THE FUNDS GIVEN TO EACH STUDENT. THE FINANCIAL AID OFFICE OF THE UNIVERSITY QUALIFIES APPLICANTS FOR SCHOLARSHIPS BASED ON CRITERIA OVER WHICH UARSC HAS NO CONTROL. EXPENDITURES ON GRANTS AND CONTRACTS ARE CLOSELY MONITORED BY THE UARSC STAFF TO COMPLY WITH SPONSOR REQUIREMENTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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.

▶ 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 **33-0397688**

Part I Questions Regarding Compensation

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

- | | |
|---|---|
| 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, 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2015

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA HAWK VICE CHAIRMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	219,578.	0.	0.	54,083.	18,413.	292,074.	0.
(2) GRAHAM OBEREM DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	233,208.	0.	0.	57,369.	16,352.	306,929.	0.
(3) MATTHEW J. CEPPI DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	175,272.	0.	0.	42,515.	8,589.	226,376.	0.
(4) DR. CHARLES DE LEONE DIRECTOR	(i)	28,075.	0.	0.	0.	3,369.	31,444.	0.
	(ii)	106,362.	0.	0.	23,267.	21,556.	151,185.	0.
(5) DR. REGINA EISENBACH DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	165,023.	0.	0.	40,021.	19,430.	224,474.	0.
(6) BELLA NEWBERG SECRETARY/ EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	146,907.	0.	0.	36,177.	21,666.	204,750.	0.
	(i)							
	(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

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.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION

Employer identification number
33-0397688

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

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 THE 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.

Name of the organization	UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION	Employer identification number	33-0397688
--------------------------	--	--------------------------------	------------

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	528,905.
MANAGEMENT AND GENERAL EXPENSES	25,010.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	553,915.

BUSINESS SERVICE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	419,332.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	419,332.

ADMINISTRATIVE FEES:

Name of the organization	UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION	Employer identification number	33-0397688
--------------------------	--	--------------------------------	------------

PROGRAM SERVICE EXPENSES	223,993.
MANAGEMENT AND GENERAL EXPENSES	1.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	223,994.

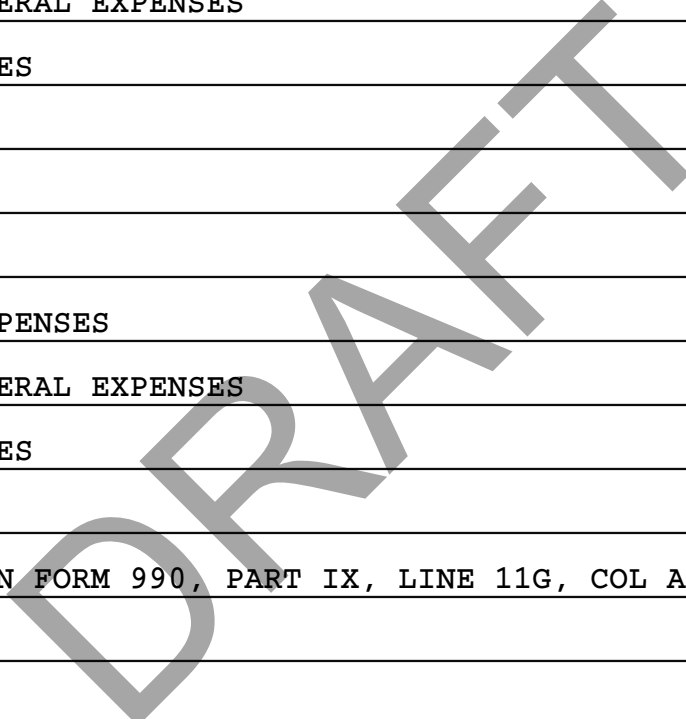
PAYROLL FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	84,353.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	84,353.

SUBCONTRACTORS:

PROGRAM SERVICE EXPENSES	664,333.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	664,333.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,945,927.
--	------------



**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION** Employer identification number **33-0397688**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CALIFORNIA STATE UNIVERSITY SAN MARCOS - 33-0535371, 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096	CALIFORNIA STATE UNIVERSITY- HIGHER EDUCATIONAL INSTITUTION	CALIFORNIA	115				X
SAN MARCOS UNIVERSITY CORPORATION - 33-0971982, 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096	ON-CAMPUS PROGRAM MANAGEMENT	CALIFORNIA	501(C)(3)	LINE 5			X
ASSOCIATED STUDENTS, INC. CALIFORNIA STATE UNIVERSITY SAN MARCOS - 33-055691, 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096	STUDENT LEADERSHIP, ACTIVITIES, & RECREATION	CALIFORNIA	501(C)(3)	LINE 5			X
CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION - 80-0390564, 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096	FUNDRAISING & GRANTS ADMINISTRATION	CALIFORNIA	501(C)(3)	LINE 5			X

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

Schedule R (Form 990) 2015

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA STATE UNIVERSITY SAN MARCOS	P	3,062,422.	COST REIMBURSEMENT
(2) CALIFORNIA STATE UNIVERSITY SAN MARCOS	Q	1,819,493.	COST OF SERVICES
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information with a large diagonal 'DRAFT' watermark.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION	Employer identification number (EIN) or 33-0397688
	Number, street, and room or suite no. If a P.O. box, see instructions. 435 E CARMEL STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN MARCOS, CA 92078	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

BELLA NEWBERG, EXECUTIVE DIRECTOR

• The books are in the care of **333 S. TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096-0001**
Telephone No. **760-750-4700** Fax No.

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

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

4 I request an additional 3-month extension of time until **MAY 15, 2017**.

5 For calendar year , or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

7 State in detail why you need the extension
THE ORGANIZATION RESPECTFULLY REQUESTS ADDITIONAL TIME IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature Title **CPA** Date

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) **07/01/2015**, and ending (mm/dd/yyyy) **06/30/2016**

Corporation/Organization name
UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION

California corporation number
1662131

Additional information. See instructions.
FEIN
33-0397688

Street address (suite or room)
435 E CARMEL STREET

PMB no.

City
SAN MARCOS

State
CA

ZIP code
92078

Foreign country name Foreign province/state/country Foreign postal code

A First Return	Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B Amended Return	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	K Is the organization exempt under R&TC Section 23701g?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C IRC Section 4947(a)(1) trust	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If "Yes," enter the gross receipts from nonmember sources \$ _____	
D Final Information Return?		L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.	<input checked="" type="checkbox"/>
<input type="checkbox"/> Dissolved	<input type="checkbox"/> Surrendered (Withdrawn)	M Is the organization a Limited Liability Company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Merged/Reorganized		N Did the organization file Form 100 or Form 109 to report taxable income?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Enter date: (mm/dd/yyyy) <input type="checkbox"/>		O Is the organization under audit by the IRS or has the IRS audited in a prior year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E Check accounting method: (1) Cash (2) <input checked="" type="checkbox"/> Accrual (3) Other		P Is a federal Form 1023/1024 pending?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series		Date filed with IRS _____	
G Is this a group filing? See instructions	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
H Is this organization in a group exemption	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If "Yes," what is the parent's name? _____			
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	5,710,512.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	9,838,625.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	15,549,137.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	1,109,508.00
	7	Total costs. Add line 5 and line 6	7	1,109,508.00
	8	Total gross income. Subtract line 7 from line 4	8	14,439,629.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	14,142,707.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	296,922.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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

Sign Here	Signature of officer	Title EXECUTIVE DIRE	Date	Telephone
	Preparer's signature	Date 02/06/17	Check if self-employed <input type="checkbox"/>	PTIN P00485021
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	Telephone		
	ALDRICH CPAS AND ADVISORS, LLP 7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108	93-0623286 (619) 810-4940		

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	15,475.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	139,092.00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2 •	6	1,050,000.00	
	7	Other income	SEE STATEMENT 3 •	7	4,505,945.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	5,710,512.00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 4 •	9	1,346,912.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5 •	11	118,721.00	
	12	Other salaries and wages	•	12	6,355,686.00	
	Expenses and Disbursements	13	Interest	•	13	6,520.00
		14	Taxes	•	14	399,063.00
		15	Rents	•	15	50,059.00
		16	Depreciation and depletion (See instructions)	•	16	570,029.00
		17	Other Expenses and Disbursements	SEE STATEMENT 6 •	17	5,295,717.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	14,142,707.00

	Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)		
Assets						
1 Cash		2,429,504.		•	1,787,139.	
2 Net accounts receivable		1,196,562.		•	2,407,393.	
3 Net notes receivable				•		
4 Inventories				•		
5 Federal and state government obligations				•		
6 Investments in other bonds				•		
7 Investments in stock				•		
8 Mortgage loans				•		
9 Other investments STMT 7		1,575,045.		•	1,823,471.	
10 a Depreciable assets	11,022,191.		11,094,565.			
b Less accumulated depreciation	(3,592,917.)	7,429,274.	(4,162,954.)		6,931,611.	
11 Land				•		
12 Other assets STMT 8		95,964.		•	81,093.	
13 Total assets		12,726,349.			13,030,707.	
Liabilities and net worth						
14 Accounts payable		911,700.		•	1,098,749.	
15 Contributions, gifts, or grants payable				•		
16 Bonds and notes payable				•		
17 Mortgages payable				•		
18 Other liabilities STMT 9		4,325,496.			4,090,950.	
19 Capital stock or principal fund				•		
20 Paid-in or capital surplus. Attach reconciliation				•		
21 Retained earnings or income fund		7,489,153.		•	7,841,008.	
22 Total liabilities and net worth		12,726,349.			13,030,707.	

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

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	351,855.	7 Income recorded on books this year not included in this return. STMT 10	•	54,933.
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		54,933.
4 Income not recorded on books this year	•		10 Net income per return.		
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6		296,922.
6 Total. Add line 1 through line 5		351,855.			

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
DEPARTMENT OF HEALTH AND HUMAN SERVICES	200 INDEPENDENCE AVENUE S.W WASHINGTON, DC 20201		3,270,087.
THE NATIONAL SCIENCE FOUNDATION	4201 WILSON BOULEVARD ARLINGTON, VA 22230		1,252,470.
U.S. DEPARTMENT OF EDUCATION	400 MARYLAND AVENUE, SW WASHINGTON, DC 20202		2,714,752.
US ENVIRONMENTAL PROTECTION AGENCY	1200 PENNSYLVANIA AVENUE N.W WASHINGTON, DC 20460		200,585.
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE	1201 NEW YORK AVENUE NW WASHINGTON, DC 20525		210,187.
DEPARTMENT OF HOMELAND SECURITY	245 MURRAY LANE SW WASHINGTON, DC 20528-0075		745,789.
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE	1999 HARRISON STREET, SUITE 1650 OAKLAND, CA 94612		469,736.
TOTAL INCLUDED ON LINE 3			<u>8,863,606.</u>

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
SHARON WHITEHURST-PAYNE 435 E CARMEL STREET SAN MARCOS, CA 92078	CHAIRMAN 3.00	0.
ERNEST ZOMALT 435 E CARMEL STREET SAN MARCOS, CA 92078	VICE CHAIRMAN 1.00	0.
LINDA HAWK 435 E CARMEL STREET SAN MARCOS, CA 92078	VICE CHAIRMAN 1.00	0.
GRAHAM OBEREM 435 E CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
MATTHEW J. CEPPI 435 E CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
TRES CONRIQUE 435 E CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
DIMITRIS MAGEMENEAS 435 E CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
DAWNMARIE MYERS 435 E CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	7,743.
BRANDON LOSEY 435 E CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
JASON SCHREIBER 435 E CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
DAVID CHANG 435 E CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.

FORM 199	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
MUTUAL FUNDS		1,575,045.	1,823,471.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		1,575,045.	1,823,471.

FORM 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES		34,883.	20,012.
OTHER ASSETS		61,081.	61,081.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		95,964.	81,093.

FORM 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
POST RETIREMENT BENEFITS DUE TO RELATED ORGANIZATIONS		1,213,712.	1,317,036.
NOTE PAYABLE		408,504.	431,018.
DEFERRED REVENUE		250,000.	198,291.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		2,453,280.	2,144,605.
		4,325,496.	4,090,950.

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	10
----------	---	-----------	----

DESCRIPTION	AMOUNT
NET UNREALIZED GAIN ON INVESTMENTS	54,933.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	54,933.

FORM 199

FUND BALANCES

STATEMENT 11

DESCRIPTIONBEG. OF YEAREND OF YEAR

UNRESTRICTED ASSETS

7,489,153.

7,841,008.

TOTAL TO FORM 199, SCHEDULE L, LINE 21

7,489,153.

7,841,008.

DRAFT

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

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

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

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

State Charity Registration Number: CT 77893 UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION <small>Name of Organization</small> 435 E CARMEL STREET <small>Address (Number and Street)</small> SAN MARCOS, CA 92078 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1662131</u> Federal Employer I.D. No. <u>33-0397688</u>
--	--

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2015 ending 06/30/2016) list:
 Gross annual revenue \$ 14,307,317. Total assets \$ 13,030,707.

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 12	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 760-750-4700

Organization's e-mail address _____

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

BELLA NEWBERG

EXECUTIVE DIRECTOR

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 12

DEPARTMENT OF HOMELAND SECURITY
245 MURRAY LANE SW
WASHINGTON, DC 20528-0075
202-282-8000

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
1200 PENNSYLVANIA AVENUE NW
WASHINGTON, DC 20460
202-272-0167

DEPARTMENT OF DEFENSE
OFFICE OF NAVAL RESEARCH
ONE LIBERTY CENTER
875 N. RANDOLPH STREET, SUITE 1425
ARLINGTON, VA 22203-1995
703-696-5031

DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 INDEPENDENCE AVENUE, SW
WASHINGTON, DC 20201
202-619-0257

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE
250 E STREET, SW
WASHINGTON, D.C. 20525
800-833-3722

THE NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
8601 ADELPHI ROAD
COLLEGE PARK, MD 20740-6001
866-272-6272

DEPARTMENT OF EDUCATION
400 MARYLAND AVENUE, SW
WASHINGTON, D.C. 20202
202-606-8400

NATIONAL SCIENCE FOUNDATION
4201 WILSON BLVD
ARLINGTON, VA 22230
703-292-5111

NATIONAL ENDOWMENT FOR THE HUMANITIES
400 7TH STREET SW
WASHINGTON, DC 20506
202-606-8400

DEPARTMENT OF AGRICULTURE FOREST SERVICE
SIDNEY R. YATES FEDERAL BUILDING
201 14TH STREET, SW

WASHINGTON, DC 20024
800-832-1355

NATIONAL AERONAUTICAL AND SPACE ADMINISTRATION
300 E STREET SW
WASHINGTON DC 20024-3210
202-358-0001

DRAFT

ATTACHMENT G

Revision to Board Officers

UNIVERSITY
AUXILIARY AND RESEARCH SERVICES
CORPORATION
at California State University San Marcos

Proposed BOARD OFFICERS 2016/2017

Chair	Linda Hawk <u>Matt Ceppi</u>
Vice Chair	Sharon Whitehurst-Payne
Secretary	Graham Oberem
Treasurer	Linda Hawk <u>Neal Hoss</u>

ATTACHMENT H

Revision to Committee Chair Appointments



UNIVERSITY
AUXILIARY AND RESEARCH SERVICES
CORPORATION
 at California State University San Marcos

BOARD COMMITTEES 2016/2017

<p><u>NOMINATING AND GOVERNANCE COMMITTEE</u> <i>Linda Hawk</i>Matt Ceppi, Chair Sharon D. Whitehurst-Payne, Vice-Chair Graham Oberem</p> <p>Staff (non-voting): Bella Newberg</p> <p><u>SPONSORED PROJECTS COMMITTEE</u> UARSC Board Members (voting): <i>Linda Hawk</i>Neal Hoss, Chair Graham Oberem Matt Ceppi Chuck De Leone</p> <p>Non-UARSC Board Members (voting): P. Wesley Schultz, Vice Chair (Dean, Office of Graduate Studies & Research) Katherine A. Kantardjieff (Dean, College of Math and Science) Deborah Kristan (Associate Professor, Biology)</p> <p>Staff (non-voting): Bella Newberg (Executive Director, UARSC) Cynthia Fenimore Michelle Meeks Michelle Hinojosa</p>	<p><u>FINANCE AND OPERATIONS COMMITTEE</u> <i>Linda Hawk</i>Matt Ceppi, Chair Sharon D. Whitehurst-Payne, Vice Chair Neal Hoss Jason Schreiber Regina Eisenbach Collin Bogie</p> <p>Staff (non-voting): Bella Newberg Cynthia Fenimore Clint Roberts Michelle Hinojosa Michelle Meeks</p> <p><u>JOINT AUDIT COMMITTEE:</u> UARSC, CSUSM Foundation & Associated Students Inc.</p> <p>UARSC Board Members (voting): David Chang, UARSC (Chair) DawnMarie Myers, UARSC (Vice Chair) Brandon Losey, UARSC Collin Bogie, ASI</p> <p>Non-UARSC Board Members (voting): Helen Adams, CSUSM Foundation Aaron Herrscher, ASI</p> <p>Staff (non-voting): Bella Newberg Cynthia Fenimore Clint Roberts</p>
--	--

ATTACHMENT I

Intent to Merge Resolution

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE
UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION
EXPRESSING INTENT TO MERGE WITH THE
SAN MARCOS UNIVERSITY CORPORATION**

WHEREAS, the San Marcos University Corporation (SMCOR), an auxiliary organization in good standing, is a separate nonprofit public benefit corporation chartered under the California Nonprofit Corporation Law; and

WHEREAS, the SMCOR provides certain authorized auxiliary functions in exclusive support of the educational mission of the California State University San Marcos (University); and

WHEREAS, the University is also supported by other auxiliary organizations performing support services authorized by Trustees' regulations and agreements, including the University Auxiliary and Research Services Corporation (UARSC), an auxiliary organization in good standing and a separate nonprofit public benefit corporation; and

WHEREAS, the University seeks to realign its auxiliary support functions to provide more effective services to students, faculty and staff; and

WHEREAS, the University President has expressed her desire to merge SMCOR into UARSC in order to consolidate related auxiliary functions into a single auxiliary entity;

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE *UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION* RESOLVE AS FOLLOWS:

1. With the concurrence of the Board of Directors of the San Marcos University Corporation (SMCOR), the University Auxiliary and Research Services Corporation (UARSC), expresses its intention to merge, as the surviving corporation, with SMCOR (the disappearing corporation), and thereby also change its name to the *California State University San Marcos Corporation*.
2. Said merger shall be pursuant to a transparent and deliberative process approved by the University President and consistent with applicable law.
3. The participating parties to said merger are the University, SMCOR and this corporation, and as such, shall enter into an appropriate *Agreement to Merge*.
4. The Executive Committee of this Board is authorized to negotiate, approve and authorize the Chair and Secretary to execute said *Agreement to Merge*.

Duly adopted by the Board of Directors on February 23, 2017.

Graham Oberem
Secretary

ATTACHMENT J

**Resolution Approving Participation in
QUAD Renegotiations**

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE
UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION
AUTHORIZING PARTICIPATION AS A PARTY TO RENEGOTIATION OF
THE QUAD STUDENT AFFILIATED HOUSING RELATIONSHIPS**

WHEREAS, the San Marcos University Corporation (SMCOR), an authorized auxiliary organization, entered into an Affiliation Agreement in 2010 with Urban Villages San Marcos QUAD, LLC (UVSM) to develop, construct and provide affiliated residential housing (the QUAD) for California State University San Marcos (University) students; and;

WHEREAS, by separate agreement, the University provides specific support services to the QUAD; and

WHEREAS, SMCOR and UVSM contracted with Capstone On Campus Management Company (Capstone) for the QUAD property management services; and

WHEREAS, under the Affiliation Agreement's priority-licensing period ending in the Fall 2016; and

WHEREAS, all present parties involved with the QUAD facilities seek to renegotiate relationships to better reflect University student housing needs and requirements, while monetizing the UVSM investment in a mutually equitable manner; and

University Auxiliary and Research Services Corporation (UARSC), as an authorized auxiliary organization, functions in exclusive support of the educational mission of the University; and

WHEREAS, the University has requested that UARSC be a party to a renegotiated Affiliation Agreement and related relationships; and

WHEREAS, the parties have set a goal to have a renegotiated framework by March 31, 2017 that will address specific major terms, including –

- UVSM allows a Master Lease of the QUAD to be managed by UARSC and Capstone,
- UVSM responsibility for QUAD operating, maintenance and building expenses,
- UVSM provides direct sharing in revenue from Summer Conference,
- UVSM allows UARSC the right to use up to 10,000 sq. feet of retail space for student dining,
- QUAD property renovations to better serve University student residents, and
- University-provided police, IT and student affairs services in support of the QUAD residents;

NOW, THEREFORE, THE UARSC BOARD OF DIRECTORS OF THE
RESOLVE AS FOLLOWS:

1. That UARSC participation as a party to a renegotiated QUAD Affiliation Agreement and related relationships is approved.
2. That the Board's Executive Committee is authorized to negotiate, approve and authorize the Chair and corporate Secretary to execute agreements and related instruments with parties relating to said participation.
3. That the Executive Committee shall keep the Board fully informed and apprised of participation developments and UARSC obligations.

Duly adopted by the Board of Directors on February 23, 2017.

Graham Oberem
Secretary

ATTACHMENT K

Resolution Approving Participation in EL P3 Project

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE
UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION
APPROVING PARTICIPATION IN THE
EXTENDED LEARNING & STUDENT SERVICES FACILITY
PUBLIC-PRIVATE PARTNERSHIP PROJECT**

WHEREAS, California State University San Marcos (CSUSM) has determined the need for additional facilities to accommodate projected campus growth; and

WHEREAS, CSUSM propose to develop an Extended Learning & Student Services facility adjacent to the campus as a public-private partnership project (Project); and

WHEREAS, the University Auxiliary and Research Services Corporation (UARSC), as an authorized auxiliary organization, functions in exclusive support of the educational mission of the CSUSM; and

WHEREAS, the CSUSM has requested that UARSC serve as a Project partner by entering into a long term agreement with the private partner, University Village San Marcos; and

WHEREAS, the Project concept has identified campus-adjacent land on which a multi-use facility for retail, learning and administrative function; and

WHEREAS, the Project funding options under consideration include developer financing and/or Systemwide Revenue Bonds; and

WHEREAS, on March 21-22, 2017, UARSC and the Campus will request conceptual Project approval to allow continuation of negotiated terms and conditions; and

WHEREAS, on May 25, 2017, UARSC and the Campus will request final project approval to execute all legal documents to complete the project;

NOW, THEREFORE, THE UARSC BOARD OF DIRECTORS OF THE RESOLVE AS FOLLOWS:

1. That UARSC participation as a partner in the Project is approved.
2. That the Board's Executive Committee is authorized to negotiate and authorize the Chair and corporate Secretary to approve agreements and related instruments with Project parties relating to said participation.
3. That the Executive Committee shall keep the Board fully informed and apprised of Project developments and UARSC obligations.

Duly adopted by the Board of Directors on February 23, 2017.

Graham Oberem
Secretary

ATTACHMENT L

Student Housing Advisory Committee Resolution



Student Housing Advisory Committee Charge Statement

A. Background and Charge

The auxiliary support functions of the University Auxiliary and Research Services Corporation (UARSC) are expanding to include student housing facilities, contract management of affiliated housing and Summer Conferencing

The Board of Directors has determined that a standing committee will provide needed advice relating to this important University support function.

The Student Housing Advisory Committee is charged with the review of on and off campus student housing facilities and support programs; to develop and recommend Board steps to improve management and operations, particularly as it relates to budgets, food services, marketing, and fee rates; and to play an active role in objectives and plans for future student housing needs.

Authority and Responsibility

The Student Housing Advisory Committee is established under UARSC Bylaws Article V, Section 1. Non-board advisory committee membership is authorized by California Corporations Code Section 5212(b). Committee regular meetings shall generally be held quarterly with special meetings called by the Committee Chair as needed. The Committee is responsible for compliance with applicable meeting procedures established by the Board, and making timely reports and recommendations to the Board through the Committee Chair.

Committee Composition, Chair & Meetings

The Board's Student Housing Advisory Committee shall be composed of the following:

1. One (1) Member of the Board of Directors appointed by the Board;
2. One (1) Student member;
3. UARSC Executive Director;
4. University Director of Residential Education; and
5. A designated Property Management Representative

The Chair of the UARSC Board is an ex officio voting member of the Committee, and will serve as the Committee Chair. A meeting quorum for purposes of conducting business is a majority of the Committee membership, excluding the UARSC Board Chair.

This Charge Statement was approved by Board resolution adopted February 23, 2017.

ATTACHMENT M

Proposed FY 17/18 Meeting Calendar



**Proposed BOARD OF DIRECTORS
FY 17/18 Meeting Calendar**

Location: Center for Children and Families Classroom
Meeting Time: 4:00 p.m. – 5:30 p.m.

Thursday, September 14, 2017 (Annual Meeting)

Thursday, November 16, 2017

Thursday, February 22, 2018

Thursday, May 24, 2018