

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific instructions.	C Name of organization UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 435 E. CARMEL STREET City or town, state or country, and ZIP + 4 SAN MARCOS, CA 92078	D Employer identification number 33-0397688
		E Telephone number (760) 750-4700	G Gross receipts \$ 20,033,302.
		F Name and address of principal officer: GREG SVATORA SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.CSUSM.EDU/UARSC	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1990 M State of legal domicile: CA	

Part I Summary

	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 assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
	5	Total number of employees (Part V, line 2a)	5	569	
	6	Total number of volunteers (estimate if necessary)	6	2	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	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)	Prior Year 7,365,840.	Current Year 7,828,953.
9		Program service revenue (Part VIII, line 2g)	6,921,659.	4,478,273.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,239,478.	492,063.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	937,397.	2,044,076.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,464,374.	14,843,365.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,292,821.	1,507,981.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,746,710.	6,071,248.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)		
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,752,168.	8,700,912.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,791,699.	16,280,141.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-4,327,325.	-1,436,776.	
	20	Total assets (Part X, line 16)	Beginning of Year 31,406,587.	End of Year 28,676,014.	
	21	Total liabilities (Part X, line 26)	1,885,143.	3,105,293.	
	22	Net assets or fund balances. Subtract line 21 from line 20	29,521,444.	25,570,721.	

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 GREG SVATORA, DIRECTOR OF FINANCE Type or print name and title	Date 5/14/10	
Paid Preparer's Use Only	Preparer's signature ▶ ELSA A. ROMERO Firm's name (or yours if self-employed), address, and ZIP + 4 AKT LLP 312 S JUNIPER STREET, SUITE 100 ESCONDIDO, CA 92025	Date 05/14/10	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (760) 746-1560

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

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION IS A NON-PROFIT TAX EXEMPT ORGANIZATION ESTABLISHED TO ADMINISTER GRANTS AND CONTRACTS FROM GOVERNMENTAL AND PRIVATE AGENCIES AND TO ACCEPT DONATIONS AND GIFTS FOR RESEARCH AND ACTIVITIES RELATED TO THE

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 14,915,880 including grants of \$ 1,507,981.) (Revenue \$ 4,559,322.) ADMINISTRATION OF PROGRAMS AND ACTIVITIES RELATED TO THE EDUCATIONAL MISSION OF CALIFORNIA STATE UNIVERSITY SAN MARCOS. MAJOR PROGRAMS INCLUDE THE AMERICAN LANGUAGE AND CULTURE INSTITUTE, COLLEGE OF BUSINESS ADMINISTRATION PROGRAM SUPPORT, SCHOOL OF NURSING STUDENT LOAN PROGRAMS, SCHOOL OF NURSING SUPPORT, STUDENT SCHOLARSHIPS, AND INVESTMENT MANAGEMENT. OTHER PROGRAM ACTIVITIES INCLUDE THE OPERATION AND ADMINISTRATION OF THE CAMPUS BOOKSTORE AND FOOD SERVICE FUNCTIONS."

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses \$ 14,915,880. (Must equal Part IX, Line 25, column (B).)

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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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where 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; 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as 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 U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 25</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) and 501(c)(4) 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
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>	36	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>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 174		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 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 569		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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: CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter: N/A			
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: N/A			
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 N/A 12b		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
			15
b	Enter the number of voting members that are independent		
			11
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
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?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
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?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
GREG SVATORA, DIRECTOR OF FINANCE - (760) 750-4719
435 E. CARMEL STREET, SAN MARCOS, CA 92078

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DR. ANN BERSI DIRECTOR	1.00	X					0.	0.	0.	
DR. BEN CHERRY DIRECTOR	1.00	X					0.	95,487.	31,175.	
MR. TRES CONRIQUE DIRECTOR	1.00	X					0.	0.	0.	
DR. EMILY CUTRER DIRECTOR	1.00	X					0.	204,384.	35,864.	
MR. WAYNE FIELDS VICE CHAIR	1.00	X		X			0.	0.	0.	
MS. KYM FORGRAVE DIRECTOR	1.00	X					0.	0.	0.	
MR. RICK GITTINGS DIRECTOR	1.00	X					0.	0.	0.	
MR. MALACHI HARPER DIRECTOR	1.00	X					0.	0.	0.	
MS. LINDA HAWK DIRECTOR	1.00	X					0.	167,921.	39,392.	
DR. KAREN S. HAYNES DIRECTOR	1.00	X					0.	330,568.	57,242.	
DR. JACQUELINE A. IBRAHI DIRECTOR	1.00	X					0.	0.	0.	
MS. TRUDY MANGRUM DIRECTOR	1.00	X					0.	0.	0.	
MR. KEVIN P. SULLIVAN CHAIR	1.00	X		X			0.	0.	0.	
DR. SHARON WHITEHURST-PA DIRECTOR	1.00	X					0.	0.	0.	
DR. ERNEST E. ZOMALT DIRECTOR	1.00	X					0.	0.	0.	
MS. DORA KNOBLOCK SECT'Y/EXEC DIRECTOR	40.00			X			0.	109,254.	33,730.	
MR. GREG SVATORA TREASURER/CFO	40.00			X			119,033.	0.	16,665.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MR. ROGER STEIN ASSOC EXEC DIRECTOR	40.00					X		102,980.	0.	14,417.
MR. GRANT HUBBARD DIR SPONSORED PROJECTS	40.00					X		96,876.	0.	13,563.
1b Total								318,889.	907,614.	242,048.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 3

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶	0	

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Form 990 (2008)

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	74,209.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	5311286.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2443458.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		7,828,953.			
	Program Service Revenue	2 a CAMPUS PROGRAMS	Business Code	4,478,273.	4,478,273.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			4,478,273.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		347,770.		347,770.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	227,862.			
		(ii) Personal				
		b Less: rental expenses	139,618.			
		c Rental income or (loss)	88,244.			
	d Net rental income or (loss)		88,244.		88,244.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1616549.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1472256.			
		c Gain or (loss)	144,293.			
	d Net gain or (loss)		144,293.		144,293.	
	8 a Gross income from fundraising events (not including \$ 74,209. of contributions reported on line 1c). See Part IV, line 18	a	6,840.			
	b Less: direct expenses	b	75,074.			
c Net income or (loss) from fundraising events		-68,234.		-68,234.		
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	5527055.				
	b Less: cost of goods sold	b	3502989.			
	c Net income or (loss) from sales of inventory		2,024,066.		2024066.	
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		14843365.	4,478,273.	0.	2536139.	

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Form 990 (2008)

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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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	661,950.	661,950.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	846,031.	846,031.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	135,697.	99,059.	36,638.	
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	4,772,207.	4,258,812.	513,395.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	191,934.	132,996.	58,938.	
9 Other employee benefits	669,901.	316,910.	352,991.	
10 Payroll taxes	301,509.	249,939.	51,570.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,319.		2,319.	
c Accounting	56,172.		56,172.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,035,771.	2,015,530.	20,241.	
12 Advertising and promotion				
13 Office expenses	1,131,210.	1,033,478.	97,732.	
14 Information technology				
15 Royalties				
16 Occupancy	237,462.	194,926.	42,536.	
17 Travel	450,238.	438,644.	11,594.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	338,968.	323,877.	15,091.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	279,973.	279,973.		
23 Insurance	21,509.		21,509.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SERVICE FEES	1,670,421.	1,594,635.	75,786.	
b COMMERCIAL OPERATIONS-O	1,470,634.	1,470,634.		
c PROGRAMS EXPENSES	521,534.	513,785.	7,749.	
d STIPENDS/HONORARIA	285,353.	285,353.		
e TRANSFERS TO ENDOWMENTS	199,348.	199,348.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	16,280,141.	14,915,880.	1,364,261.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	4,973.	1	3,001.	
	2 Savings and temporary cash investments	8,131,128.	2	2,610,528.	
	3 Pledges and grants receivable, net	1,992,645.	3	2,108,826.	
	4 Accounts receivable, net	1,481,943.	4	1,620,044.	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use	1,045,697.	8	804,960.	
	9 Prepaid expenses and deferred charges	7,825.	9	17,386.	
	10a Land, buildings, and equipment: cost basis	2,897,317.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D	1,882,461.			
	11 Investments - publicly traded securities	15,422,971.	11	17,969,138.	
	12 Investments - other securities. See Part IV, line 11	1,791,668.	12	1,491,213.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	289,975.	15	1,036,062.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,406,587.	16	28,676,014.		
Liabilities	17 Accounts payable and accrued expenses	1,217,418.	17	2,251,628.	
	18 Grants payable		18		
	19 Deferred revenue	667,725.	19	853,665.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	1,885,143.	26	3,105,293.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	9,422,204.	27	5,092,660.	
	28 Temporarily restricted net assets	4,612,656.	28	4,917,287.	
	29 Permanently restricted net assets	15,486,584.	29	15,560,774.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	29,521,444.	33	25,570,721.		
34 Total liabilities and net assets/fund balances	31,406,587.	34	28,676,014.		

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	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?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

UNIVERSITY AUXILIARY AND RESEARCH

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10307336.	10466629.	6476999.	7365840.	7828953.	42445757.
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 - 3	10307336.	10466629.	6476999.	7365840.	7828953.	42445757.
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)						2883053.
6 Public Support. Subtract line 5 from line 4.						39562704.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	10307336.	10466629.	6476999.	7365840.	7828953.	42445757.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	666,898.	989,996.	1813797.	821,781.	575,632.	4868104.
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 IV.)						
11 Total support. Add lines 7 through 10						47313861.
12 Gross receipts from related activities, etc. (see instructions)					12	49,864,474.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	83.62 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	83.34 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
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 2008 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-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 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	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- 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)? Yes No
- In Part XIV, 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" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- 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 relating to these items:

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	16283123.				
b Contributions	74,190.				
c Investment earnings or losses	-2889455.				
d Grants or scholarships	476,156.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	12991702.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 100.00 %
 - c Term endowment %

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	1,889,823.		1,556,074.	333,749.
d Equipment	1,007,494.		326,387.	681,107.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,014,856.

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Schedule D (Form 990) 2008

33-0397688 Page 3

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
ALTERNATIVE INVESTMENTS	1,491,213.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	1,491,213.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	

In Part XIV, 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.

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Schedule D (Form 990) 2008

33-0397688 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	14,843,365.
2	Total expenses (Form 990, Part IX, column (A), line 25)	16,280,141.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-1,436,776.
4	Net unrealized gains (losses) on investments	-3,212,672.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	698,725.
9	Total adjustments (net). Add lines 4-8	-2,513,947.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-3,950,723.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	15,348,374.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	a Net unrealized gains on investments	-3,212,672.
	b Donated services and use of facilities	
	c Recoveries of prior year grants	
	d Other (Describe in Part XIV)	3,717,681.
	e Add lines 2a through 2d	505,009.
3	Subtract line 2e from line 1	14,843,365.
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	
	b Other (Describe in Part XIV)	
	c Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	14,843,365.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	19,997,822.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
	a Donated services and use of facilities	
	b Prior year adjustments	
	c Losses reported on Form 990, Part IX, line 25	
	d Other (Describe in Part XIV)	3,717,681.
	e Add lines 2a through 2d	3,717,681.
3	Subtract line 2e from line 1	16,280,141.
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	
	b Other (Describe in Part XIV)	
	c Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	16,280,141.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PRIOR YEAR BOOK NET ASSET ADJUSTMENT: 698725.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE NET W/ RELATED REVENUE: 139618.

BOOK STORE EXPENSE NET W/ RELATED REVENUE: 3502989.

SPECIAL EVENT EXPENSE : 75074.

UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE NET W/ RELATED REVENUE: 139618.

BOOK STORE EXPENSE NET W/ RELATED REVENUE: 3502989.

SPECIAL EVENT EXPENSE: 75074.

COPY

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

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

Employer identification number
33-0397688

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

832081 12-18-08

UNIVERSITY AUXILIARY AND RESEARCH

Schedule G (Form 990 or 990-EZ) 2008 SERVICES CORPORATION

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ANNUAL GALA (event type)	(event type)	NONE (total number)	(Add col. (a) through col. (c))
Revenue	1	Gross receipts	81,049.		81,049.
	2	Less: Charitable contributions	74,209.		74,209.
	3	Gross revenue (line 1 minus line 2)	6,840.		6,840.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	48,994.		48,994.
	7	Other direct expenses	26,080.		26,080.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			(75,074.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			-68,234.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," Explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

UNIVERSITY AUXILIARY AND RESEARCH

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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
CSU - SAN MARCOS 333 S TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096	33-0535371		0.	661,950.	NET BOOK VALUE	CONTRIBUTION OF CLASSROOM BUILDING	GENERAL PURPOSE

2 Enter total number of section 501(c)(3) and government organizations **1.**

3 Enter total number of other organizations **1.**

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

Schedule I (Form 990) 2008

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Schedule I (Form 990) 2008

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Page 2

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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
CAL STATE SAN MARCOS STUDENT SCHOLARSHIPS	580	846,031.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

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

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

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

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

7			X
---	--	--	---

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

8			X
---	--	--	---

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

Schedule J (Form 990) 2008

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Schedule J (Form 990) 2008

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Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR. EMILY CUTRER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	204,384.	0.	0.	0.	35,864.	240,248.	0.
MS. LINDA HAWK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	167,921.	0.	0.	0.	39,392.	207,313.	0.
DR. KAREN S. HAYNES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	270,568.	0.	60,000.	0.	57,242.	387,810.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION

Schedule J (Form 990) 2008

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Page 3

Part III Supplemental Information

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

THROUGH THE ORGANIZATION'S EXECUTIVE COMPENSATION
COMMITTEE, WHICH IS COMPRISED OF THE UNIVERSITY PRESIDENT WHO SERVES AS AN
EX-OFFICIO MEMBER OF THE BOARD CHAIR - COMPENSATION FOR THE ORGANIZATIONS
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 CALIFORNIA
STATE UNIVERSITY SYSTEM, - AS WELL AS SURVEYS OF OTHER NON-PROFIT
CHARITABLE ORGANIZATIONS OF SIMILAR ASSET SIZE AND FUNCTIONS. THE EXECUTIVE
COMPENSATION COMMITTEE THEN RECOMMENDS THE APPROPRIATE SALARY LEVEL TO THE
ORGANIZATION'S BOARD OF DIRECTORS FOR APPROVAL.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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:

UNIVERSITY. THE ENTITY ALSO MANAGES INVESTMENT FROM CHARITABLE CONTRIBUTIONS FOR USE IN SCHOLARSHIPS AND OTHER UNIVERSITY ACTIVITIES. OTHER UNIVERSITY SERVICES PROVIDED INCLUDE THE ADMINISTRATION OF THE CAMPUS BOOKSTORE AND FOOD SERVICE OPERATIONS.

FORM 990, PART VI, SECTION A, LINE 2: KEVIN SULLIVAN AND TRUDY MANGRUM ARE FIRST COUSINS.

FORM 990, PART VI, SECTION A, LINE 10: THE ENTITY'S BOARD HAS DELEGATED AUTHORITY TO THE AUDIT COMMITTEE TO REVIEW THE ANNUAL FORM 990. THE REVIEW IS DONE PRIOR TO FILING THE FORM WITH THE IRS. ALL OTHER BOARD MEMBERS ARE ALSO PROVIDED A COPY OF THE RETURN.

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.

FORM 990, PART VI, SECTION B, LINE 15: THROUGH THE ORGANIZATION'S EXECUTIVE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF THE UNIVERSITY PRESIDENT WHO SERVES AS AN EX-OFFICIO MEMBER OF THE BOARD CHAIR -

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION

Employer identification number

33-0397688

COMPENSATION FOR THE ORGANIZATIONS 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 CALIFORNIA STATE UNIVERSITY SYSTEM, - AS WELL AS
SURVEYS OF OTHER NON-PROFIT CHARITABLE ORGANIZATIONS OF SIMILAR ASSET SIZE
AND FUNCTIONS. THE EXECUTIVE COMPENSATION COMMITTEE THEN RECOMMENDS THE
APPROPRIATE SALARY LEVEL TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR
APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONAL DOCUMENTS OF THE
ORGANIZATION WILL BE AVAILABLE (FOR INSPECTION OR COPYING) AT THE
ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS.

THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM 990, FROM THE
PREVIOUS THREE YEARS, WILL BE AVAILABLE (FOR INSPECTION OR COPYING) AT THE
ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS.

THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE (FOR INSPECTION OR COPYING)
AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS.

WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL
DOCUMENT OR FORM 990 BY ANYONE, THE ORGANIZATION SHALL FULFILL SUCH REQUEST
IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC
INSPECTION REQUEST.

NO CHANGE FROM PRIOR YEAR

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION

Employer identification number
33-0397688

COPY

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

OMB No. 1545-0047

2008

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

(A) Name, address, and EIN 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

(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
CALIFORNIA STATE UNIVERSITY SAN MARCOS - 33-0535371, 333 S TWIN OAKS VALLEY RD, SAN MARCOS, CA 92096	STATE UNIVERSITY	CALIFORNIA	501(C)(3)	170(B)(1)(A)(II)	
SAN MARCOS UNIVERSITY CORPORATION - 33-0971982, 435 E CARMEL STREET, SAN MARCOS, CA 92078	NON-PROFIT AUXILIARY	CALIFORNIA	501(C)(3)	509(A)(3)	

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

Schedule R (Form 990) 2008

UNIVERSITY AUXILIARY AND RESEARCH

Schedule R (Form 990) 2008

SERVICES CORPORATION

33-0397688

Page 2

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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

**UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION**

Schedule R (Form 990) 2008

33-0397688 Page 3

Part V Transactions With Related Organizations

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)	X	
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other 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.

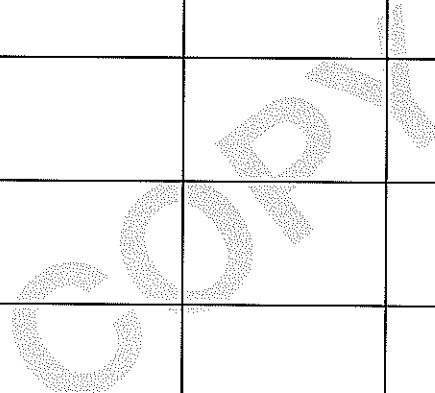
(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

UNIVERSITY AUXILIARY AND RESEARCH
SERVICES CORPORATION

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of- year assets	(F) Dispropor- tionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No



TAXABLE YEAR
2008

**California Exempt Organization
Annual Information Return**

828941 12-10-08
FORM

199

Calendar Year 2008 or fiscal year beginning month **JULY** day **1** year **2008**, and ending month **JUNE** day **30** year **2009**.

A First Return Filed? Yes No
 B Type of organization Exempt under Section 23701 **d** (insert letter)
 IRC Section 4947(a)(1) trust

Corporation/Organization Name
UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION
 Address
435 E. CARMEL STREET
 City
SAN MARCOS
 State
CA
 ZIP Code
92078

C Amended Return? Yes No
 D Are you a subordinate/affiliate in a group exemption?
 (a) Is this a group filing for affiliates? See General Instruction L Yes No
 (b) If "Yes," enter the number of affiliates
 (c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
 (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 (e) Federal Group Exemption Number
 (f) Is a roster of subordinates attached? Yes No

H Accounting method used (1) Cash (2) Accrual (3) Other
 I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
 K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$
 L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
 M Is the organization a Limited Liability Corporation? Yes No
 N Did the organization file Form 100 or Form 109 to report taxable income? Yes No


E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
 If a box is checked, enter date

F Check the box if the organization filed: (1) 990T (2) 990PF (3) 990H
 G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

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	12,204,349.00
	2	Gross dues and assessments from members and affiliates	• 2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	• 3	7,828,953.00
	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 \$25,000, see General Instruction C	• 4	20,033,302.00
	5	Cost of goods sold STMT 2	• 5	3,502,989.00
	6	Cost or other basis, and sales expenses of assets sold	• 6	1,472,256.00
	7	Total costs. Add line 5 and line 6	• 7	4,975,245.00
	8	Total gross income. Subtract line 7 from line 4	• 8	15,058,057.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	• 9	16,494,833.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	• 10	-1,436,776.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	• 11	10.00
	12	Total payments	• 12	00
	13	Penalties and Interest. See General Instruction J	• 13	00
	14	Use tax. See General Instruction K	• 14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	• 15	10.00

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 **DIRECTOR OF FI** Date **5/14/10** Telephone **(760) 750-4719**

Preparer's signature **ELSA A. ROMERO** Date **05/14/10** Check if self-employed Preparer's SSN/PTIN **P00485021**

Paid Preparer's Use Only
 Firm's name (or yours, if self-employed) and address **AKT LLP
 312 S JUNIPER STREET, SUITE 100
 ESCONDIDO, CA 92025** FEIN **95-2802865** Telephone **(760) 746-1560**

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

UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION

33-0397688

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

828951 12-05-08

Receipts from Other Sources Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	• 1	5,533,895.00
	2	Interest	• 2	00
	3	Dividends	• 3	347,770.00
	4	Gross rents	• 4	227,862.00
	5	Gross royalties	• 5	00
	6	Gross amount received from sale of assets (See instructions) SEE STATEMENT 3	• 6	1,616,549.00
	7	Other income SEE STATEMENT 4	• 7	4,478,273.00
	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	12,204,349.00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 6 STATEMENT 5	• 9	1,507,981.00
	10	Disbursements to or for members	• 10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 7	• 11	135,697.00
	12	Other salaries and wages	• 12	4,772,207.00
	13	Interest	• 13	00
	14	Taxes	• 14	301,509.00
	15	Rents	• 15	237,462.00
	16	Depreciation and depletion (See instructions)	• 16	279,973.00
	17	Other SEE STATEMENT 8	• 17	9,260,004.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	16,494,833.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		8,136,101.		• 2,613,529.
2 Net accounts receivable		1,481,943.		• 1,620,044.
3 Net notes receivable				•
4 Inventories		1,045,697.		• 804,960.
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock STMT 9		15,422,971.		• 17,969,138.
8 Mortgage loans (number of loans)				•
9 Other investments STMT 10		1,791,668.		• 1,491,213.
10 a Depreciable assets	2,877,025.		2,897,317.	
b Less accumulated depreciation	(1,639,263.)	1,237,762.	(1,882,461.)	1,014,856.
11 Land				•
12 Other assets STMT 11		2,290,445.		• 3,162,274.
13 Total assets		31,406,587.		28,676,014.
Liabilities and net worth				
14 Accounts payable		1,217,418.		• 2,251,628.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 12		667,725.		• 853,665.
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		29,521,444.		• 25,570,721.
22 Total liabilities and net worth		31,406,587.		28,676,014.

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

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

1 Net income per books	• -4,649,448.	7 Income recorded on books this year not included in this return	•
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	
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 STMT 13	• 3,212,672.	Subtract line 9 from line 6	-1,436,776.
6 Total	-1,436,776.		

FORM 199

CASH CONTRIBUTIONS OF \$5000 OR MORE
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>
KENNETH MARKSTEIN	PO BOX 6902 SAN MARCOS, CA 92079		780,640.
TOTAL INCLUDED ON LINE 3			<u>780,640.</u>

COPY

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		1,045,697
2. MERCHANDISE PURCHASED.	3,262,252	
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.		
6. ADD LINES 1 THROUGH 5		4,307,949
7. INVENTORY AT END OF YEAR		804,960
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7)		3,502,989

COPY

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,472,256.	0.	0.	1,616,549.
TOTAL TO FORM 199, PAGE 2, LN 6	1,472,256.	0.	0.	1,616,549.

FORM 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
CAMPUS PROGRAMS	4,478,273.
TOTAL TO FORM 199, PART II, LINE 7	4,478,273.

COPY

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	5
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ACTIVITY CLASSIFICATION: STUDENT SCHOLARSHIPS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STUDENTS AT CSU -SAN MARCOS		NONE	846,031.

TOTAL FOR THIS ACTIVITY	846,031.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	846,031.
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FORM 199	NONCASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT 6
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ACTIVITY CLASSIFICATION: CHARITABLE

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CSU - SAN MARCOS		NONE	661,950.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/09	661,950.	CLASSROOM BUILDING	NET BOOK VALUE
TOTAL FOR THIS ACTIVITY			661,950.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			661,950.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 7
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DR. ANN BERSI 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
DR. BEN CHERRY 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
MR. TRES CONRIQUE 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
DR. EMILY CUTRER 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
MR. WAYNE FIELDS 435 E. CARMEL STREET SAN MARCOS, CA 92078	VICE CHAIR 1.00	0.
MS. KYM FORGRAVE 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.

UNIVERSITY AUXILIARY AND RESEARCH SERVI

33-0397688

MR. RICK GITTINGS 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
MR. MALACHI HARPER 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
MS. LINDA HAWK 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
DR. KAREN S. HAYNES 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
DR. JACQUELINE A. IBRAHIM 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
MS. TRUDY MANGRUM 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
MR. KEVIN P. SULLIVAN 435 E. CARMEL STREET SAN MARCOS, CA 92078	CHAIR 1.00	0.
DR. SHARON WHITEHURST-PAYNE 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
DR. ERNEST E. ZOMALT 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIRECTOR 1.00	0.
MS. DORA KNOBLOCK 435 E. CARMEL STREET SAN MARCOS, CA 92078	SECT'Y/EXEC DIRECTOR 40.00	0.
MR. GREG SVATORA 435 E. CARMEL STREET SAN MARCOS, CA 92078	TREASURER/CFO 40.00	135,697.
MR. ROGER STEIN 435 E. CARMEL STREET SAN MARCOS, CA 92078	ASSOC EXEC DIRECTOR 40.00	0.
MR. GRANT HUBBARD 435 E. CARMEL STREET SAN MARCOS, CA 92078	DIR SPONSORED PROJECTS 40.00	0.

TOTAL TO FORM 199, PART II, LINE 11

135,697.

FORM 199	OTHER EXPENSES	STATEMENT	8
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DESCRIPTION	AMOUNT
SERVICE FEES	1,670,421.
COMMERCIAL OPERATIONS-O PROGRAMS EXPENSES	1,470,634.
STIPENDS/HONORARIA	521,534.
TRANSFERS TO ENDOWMENTS	285,353.
RENTAL EXPENSE	199,348.
DIRECT EXPENSES OF FUNDRAISING EVENTS	139,618.
PENSION PLAN CONTRIBUTIONS	75,074.
OTHER EMPLOYEE BENEFITS	191,934.
LEGAL FEES	669,901.
ACCOUNTING FEES	2,319.
OTHER PROFESSIONAL FEES	56,172.
OFFICE EXPENSES	2,035,771.
TRAVEL	1,131,210.
CONFERENCES AND CONVENTIONS	450,238.
INSURANCE	338,968.
	21,509.
TOTAL TO FORM 199, PART II, LINE 17	9,260,004.

FORM 199	INVESTMENTS IN STOCK	STATEMENT	9
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	15,422,971.	17,969,138.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	15,422,971.	17,969,138.

FORM 199	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ALTERNATIVE INVESTMENTS	1,791,668.	1,491,213.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,791,668.	1,491,213.

FORM 199	OTHER ASSETS	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	1,992,645.	2,108,826.
PREPAID EXPENSES AND DEFERRED CHARGES	7,825.	17,386.
OTHER ASSET	61,080.	61,080.
INVESTMENT INTEREST RECEIVABLE	7,945.	33,550.
DEPOSITS	220,950.	941,432.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,290,445.	3,162,274.

FORM 199	OTHER LIABILITIES	STATEMENT 12
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	667,725.	853,665.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	667,725.	853,665.

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT 13
DESCRIPTION		AMOUNT
UNREALIZED LOSS ON INVESTMENTS		3,212,672.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		3,212,672.

FORM 199	FUND BALANCES	STATEMENT 14
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	9,422,204.	5,092,660.
TEMPORARILY RESTRICTED ASSETS	4,612,656.	4,917,287.
PERMANENTLY RESTRICTED ASSETS	15,486,584.	15,560,774.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	29,521,444.	25,570,721.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2009

Prepared for	University Auxiliary and Research Services Corporation 435 E. Carmel Street San Marcos, CA 92078
Prepared by	Akt LLP 312 S Juniper Street, Suite 100 Escondido, CA 92025
Mail tax return to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	May 17, 2010
Special Instructions	<p>The return should be signed and dated by an authorized individual.</p> <p>Enclose a check for \$225 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.</p>

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: <u>CT 77893</u> UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION <small>Name of Organization</small> <u>435 E. CARMEL STREET</u> <small>Address (Number and Street)</small> <u>SAN MARCOS, CA 92078</u> <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>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2008 ending 06/30/2009) list:
 Gross annual revenue \$ 14,843,365. Total assets \$ 28,676,014.

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 15	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.

GREG SVATORA

DIRECTOR OF FINANCE

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 15

DEPARTMENT OF HEALTH & HUMAN SERVICES
200 INDEPENDENCE AVENUE, S.W.
WASHINGTON, D.C. 20201
202-619-0257

U.S. DEPARTMENT OF EDUCATION
400 MARYLAND AVENUE, SW
WASHINGTON, DC 20202
202-401-2000

DEPARTMENT OF JUSTICE
950 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20530-0001
202-514-200

DEPARTMENT OF ENERGY
1000 INDEPENDENCE AVE., SW
WASHINGTON, DC 20585
202-586-5575

NATIONAL INSTITUTES OF HEALTH
9000 ROCKVILLE PIKE
BETHESDA, MD 20892
301-496-4000

INSTITUTE OF MUSEUM & LIBRARY SERVICES
1800 M STREET NW, 9TH FLOOR
WASHINGTON DC 20036
202-653-IMLS

NATIONAL HIGHWAY TRAFFIC SAFETY
400 SEVENTH STREET, SW
WASHINGTON DC 20590
1888-327-4236

NATIONAL SECURITY AGENCY
9800 SAVAGE ROAD, STE 6248
FORT GEORGE MEADE, MD 20755

NATIONAL INSTITUTE OF JUSTICE
801 SEVENTH AVE, NW
WASHINGTON DC 20531
202-307-6394

THE NATIONAL SCIENCE FOUNDATION
4201 WILSON BOULEVARD
ARLINGTON, VIRGINIA 22230
703-292-5111

DEPARTMENT OF THE INTERIOR

FORM RRF-1

STATEMENT 15

1849 C STREET, N.W.
WASHINGTON, DC 20240
202-208-3100

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
1401 CONSTITUTION AVENUE, NW
WASHINGTON, DC 20230
202-482-6090

COPY