#### Appendix - February 17, 2022 Regular Board of Regents Meeting

UNTS Acronym List

UNTS Acronym List rv 3.3.21

#### AUDIT AND FINANCE COMMITTEE

Quarterly Financial Update

Quarterly Financial Update - Q1 2022 - Backup

Consolidated Compliance Background Report

Consolidated UNT System Q1 Compliance Background Report

ACT American College Testing: a standardized test used for college admissions

ASF Assignable Square Feet

AUX Auxiliary Reserves

BOR Board of Regents

BSC Business Service Center

BSS Business Support Services

CAE Chief Audit Executive

CAFR Comprehensive Annual Financial Report

CIA Chief Internal Auditor

CIP Capital Improvement Plan

CIP Construction in Progress

CM Construction Manager

CMAR Construction Manager at Risk

CO Change Order

COL College of Law

CP Commercial Paper

DEI Diversity, Equity and Inclusion

FTE Full Time Equivalent: generally used in reference to Full Time Student

Equivalent (FTSE) but can also be used in reference to Full Time Faculty

Equivalent (FTFE). See FTSE or FTFE below for definitions.

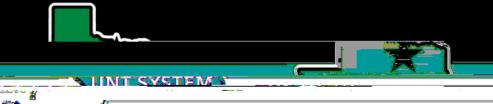
FTIC FirstefTf 10018.814666 Tm [)] Time Student

FTSE Full Time Student Equivalent: is computed by dividing headcount enrollment by a set number of semester credit hours based on the rank of the student (Undergraduate FTSE = 15 SCH; Masters and Special Professional FTSE = 12 SCH; Doctoral FTSE = 9



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Q1 Revenue



### <u>Q1 Revenue</u>

11.4% increase

Total revenue increased by \$43.3m/11.4%.

Tuition and Fees increased by \$14.3m/9.1% due to increased enrollment;

Sale of Goods and Services increased by \$8.6m/26.9% due to campus reopening;

Grants and Contracts increased by \$2.0m/7.4% due to COVID relief funding.

State Appropriations increased by \$11.3m/9.2% due to 10% appropriations reduction last fiscal year.

## **Q1** Expenses



Total expenses increased by \$5.4m/3.5%.

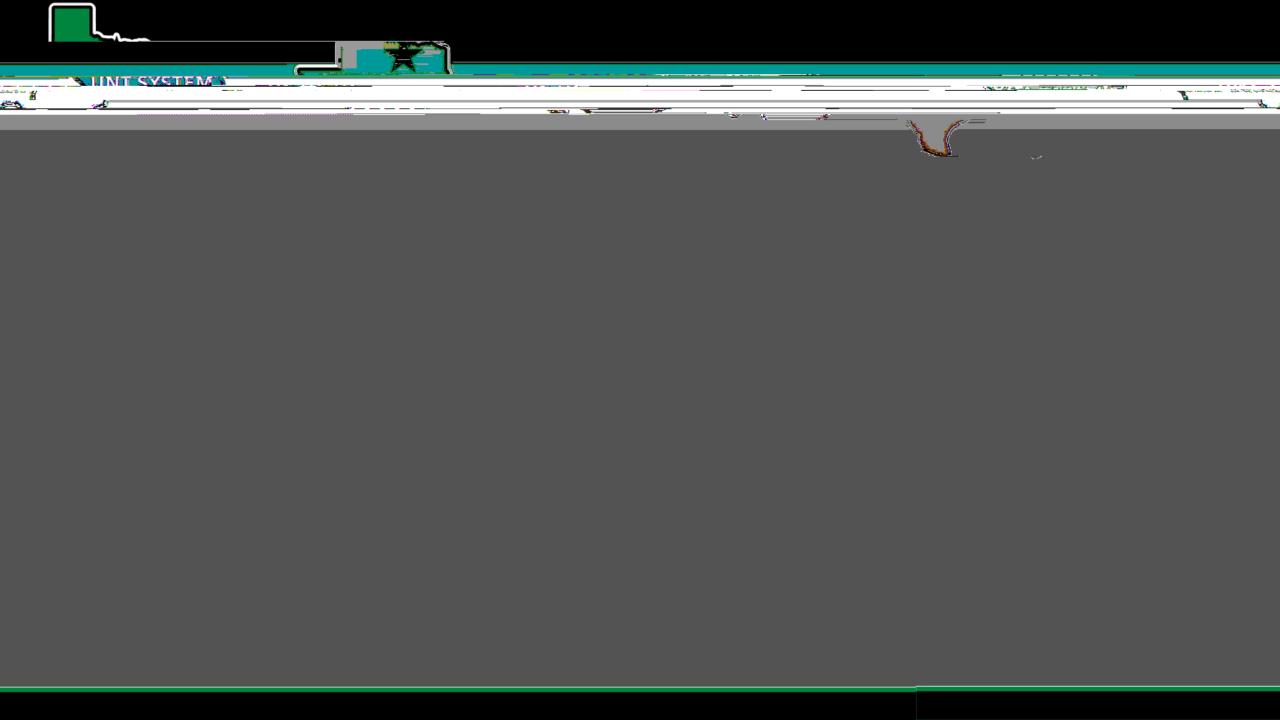
Personnel Costs increased by \$3.6m/3.4% due to higher enrollment support;

Maintenance & Operation Costs increased by \$1.9m/5.6% due to campus reopening support;

Scholarships and Financial Aid increased by \$0.9m/5.6% due to awards via COVID relief funding.

#### All \$ presented as thousands

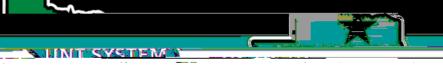
				22 Actuals vs	s. 21 Actuals
	FY22 Q1	FY22 Q1	FY21 Q1	Variance	Variance
	Budget	Actuals	Actuals	(\$000's)	(%)
REVENUES					
Net Tuition and Fees	161,328	171,171	156,910	14,262	9.1%
Sales of Goods and Services	41,556	40,642	32,037	8,605	26.9%
Grants and Contracts	26,028	29,705	27,659	2,046	7.4%
State Appropriations	132,728	133,406	122,144	11,262	9.2%
All Other Revenue	41,847	46,916	39,820	7,096	17.8%
Total Revenues	403,488	421,840	378,569	43,271	11.4%
EXPENSES					
Personnel Costs	115,225	111,812		3,663	3.4%
Maintenance & Operation Costs	32,519	28,342	26,425	1,918	7.3%
Scholarships, Exemptions and Financial Aid	20,090	18,240	17,267	974	5.6%
All Other Expenses	8,194	2,583		(1,125)	-30.3%
Total Expenses	176,029	160,978	155,549	5,429	3.5%
TDANICEFDC					
TRANSFERS  Total Not Transfers	(E7.044)	(4 A E 4 O)	(4.4.204)	(242)	0.40/
Total Net Transfers	(57,044)	(64,569)	(64,206)	(362)	0.6%
Estimated Budgeted Impact on					
Fund Balances	170,415	196,294	158,814	37,480	23.6%





## Projected Revenue:

FY22 Revenue projecting \$15m below prior year;





## Revenue



Total revenue increased by \$7.1m/16.0%.

Tuition and Fees are flat to prior fiscal year;

Sales of Goods increased by \$0.5m/164.4% due to campus reopening;

Grants and Contracts increased \$2.6m/90.0% due to COVID relief funding;

State Appropriations increased by \$3.8m/15.2% due to 10% appropriations reduction last year.

## Q1 Expenses



Total expenses increased by \$2.5m/16.3%.

Personnel Cots increased by \$0.8m/7.5% in order to support enrollment growth;

Maintenance & Operations increased \$0.4m/16.3% due to campus reopening;

Scholarships and Financial Aid increased by \$1.4m/42.8% due to increased CARES funding.

All	\$ presented	as	thousands

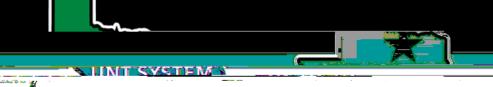
				Variance (\$000's)	Variance (%)
REVENUES	10044	10 ( ) (	10.50/	110	0.00/
Net Tuition and Fees	13,244	12,646		110	0.9%
Sales of Goods and Services	661	811	307	504	164.4%
Grants and Contracts	5,840	5,560	2,926	2,634	90.0%
State Appropriations	29,512	28,996	25,162	3,834	15.2%
All Other Revenue	3,573	3,711	3,662	49	1.3%
Total Revenues	52,830	51,724	44,593	7,131	16.0%
EXPENSES					
Personnel Costs	10,924	10,875	10,119	756	7.5%
Maintenance & Operation Costs	3,341				
'	,,,,,,				



## Projected Revenue:

Total Revenue below prior year by \$1m;

Tuition & Fees revenue projecting below prior year by \$2m;



## Q1 Revenue

Total revenue increased by \$0.1m/1.5%.

Sales of Goods and Services slightly decreased;

State Appropriations also slightly decreased;

All Other Revenue increased by \$0.2m due to higher investment income.



## OFFICE OF INSTITUTIONAL COMPLIANCE

## QUARTERLY COMPLIANCE REPORT FIRST QUARTER FY22

# SUBMITTED BY TIM WILLETTE CHIEF COMPLIANCE OFFICER



## BOARD OF REGENTS MEETING FEBRUARY 17, 2022

Unless Otherwise Noted: Activities reflected are as of November 30, 2021



#### Introduction

The University of North Texas System Administration (SA) Office of Institutional Compliance (OIC) functions to assist in regulatory oversight, as well as oversee a Compliance and Integrity Program (Program) that fosters a culture of ethical, lawful, and responsible conduct. The OIC identifies,



The Chancellor's Cabinet has continued to meet, sharing information about emerging federal, state, and local requirements. Having an informed and engaged organization has been key in continuing to meet the mission of the University. This includes communicating an on-going awareness of and adherence to UNT System Regulation 02.1000; Compliance and Integrity Program, as well as the seven Federal Sentencing Guideline Objectives (FSGOs) listed below.

#### ∉ Active Oversight

The OIC strives to engage leadership in promoting a culture of compliance throughout the University. Meeting weekly, the Chancellor's Cabinet identifies, communicates, and assesses emerging risks. These meetings may include periodic discussions touching on key elements of the Th0.00015 12 0 -1.44 2D[-3(e)956.5 (niversnew (I)-5. I( 6begi(g to mnni(g t28.3g ntialnuar1 (



#### ∉ Education and Training

All SA employees must successfully complete mandated training related to the Program, as well as compliance elements that are key in the effective conduct of their position. Additionally, all UNT World employees must successfully complete training and be reminded twice a year of the ways to report suspected misconduct.

During this reporting period, Internal Audit engaged in a review of the training programs at all four institutions. The audit team met several times with the CCO, as well with other SA key stakeholders. The report of their review and recommendations should be provided toward the end of January 2022. Throughout this period, System Administration is working closely with the UNT Center of Excellence (COE) for training in building a more robust LMS. Courses are being identified and, as required—revised for incorporation into a SA LMS library.

#### ∉ Open Communications

All SA employees must not only be aware of, but also understand the rules that govern their respective roles and the values underpinning UNT World. Stakeholders, both, internal and external, need assurances that SA is committed to ethical and responsible behavior. Communication is key to a culture of compliance.

Throughout this reporting period, the OIC has worked closely with Marketing & Communications to provide timely compliance information, including announcements regarding upcoming mandated training. This collaboration will continue as Marketing & Communications moves to a new Content Management System.

#### ∉ Monitoring and Auditing

UNT System Administration is committed to continuous monitoring by implementing internal controls that allow for early detection and remediation of non-compliance within an organization. Audit activities serve to help ensure that operational management has in place internal controls that do not improperly bias the assessment of business processes.

During this reporting period, Internal Audit (IA) completed several SA reviews. Details of these reviews will be included in the IA quarterly update to the Board. IA has advised the OIC a comprehensive review of all four institutional Programs will begin in early January of 2022.

#### ∉ Enforcement Tools

SA, through the Program, incorporates measures that help ensure employees understand the consequences of engaging in unethical behavior or participating in non-compliant activities. This includes procedures for enforcing and disciplining employees who violate compliance standards or fail to report non-compliant activities. Disciplinary provisions equitably enforced are critical to the



FY22 Compliance Risk Work Plan (CRWP)



#### CRWP FY22 Q1 Progress Risk Focus Area Updates

∉ Policy Management Responsible Units/ Stakeholders:

Commitment & Focus:

Senior Leadership

System Administration must have in place policies and procedures, in accordance with federal and state laws and regulations that provide guidance to employees on employment and operational

issues. The procedures developed to implement these policies must

be clear and efficient.

Risk Focus Champion(s):



∉ Investigation Processes

Responsible Units/ Stakeholders: Senior Leadership, Compliance, General Counsel, Human

Resources, Internal Audit

Commitment & Focus: Verify allegations and complaints are being processed in

accordance with applicable federal & state regulations, as well as applicable Regental rules and system-wide guidance. Put in place a mechanism to provide greater visibility of the number and status of

investigations throughout UNT World to senior leadership. Verify SA has in place programs, including an effective

communications campaign, to provide individuals the means of

reporting concerns without fear of retaliation.

Chief Compliance Officer

Risk Focus Champion(s):

Tracking Indicators Milestones & Dates Expectations Progress

- Review, update (as needed), and effectively communicate institutional grievance mechanisms and procedures.
- Review institutional procedures and protocols/ practices for whistleblower complaints and update as necessary.
- 3. Determine and implement means to enhance system-wide coordination and



∉ ADA Accommodations

Responsible Units/ Stakeholders: Compliance & Human Resources

Commitment & Focus: Verify SA is committed to establishing responsive programs for

individuals with special needs, providing oversight & timely case

reviews.

Risk Focus Champion(s): Chief Compliance Officer



 ∉ Compliance & Integrity Program Responsible Units/ Stakeholders: Commitment & Focus:

Senior Leadership & Compliance Review applicable applicable federal & state regulations, particularly THECB sections, Regent rules, & System regulations



∉ Records Retention Management Responsible Units/ Stakeholders:



## Appendix A: Compliance and Integrity Program Organizational Overview

System Administraton Compliance & Integrity Program (FY22 Q1)							
System Administration Oversight and Accountability  Chancellor U k ‡							
	System Administration Chief Compliance Officer Tim Willette						
Jamaica Chapple, (Interim) VC-Academic Affairs & Stude Sheraine Gilliam-Holmes, VC-HR & Chief Human Capital Officer Chris McCoy, Chief Information Officer	Danetta Bland,	Steve Ma	mmittee aruszewski, egic Infrastructure Alan Stucky, VC-General Counsel Tim Willette, Chief Compliance Officer				
oner miermatien erneer	Compliance Coordinating Committee(s)						
Employee Training & Development Monitoring & Auditing Investigations & Reporting							
Principles of Community/Code of Conduct/Policies & Procedures/Standards							
Day-to-Day Operations/Preventive & Corrective Efforts/Works In Progress/Emerging Concerns							

SUBMITTED BY

CLA

FY2022 Compliance & Ethics Program Projects and Deliverables

Target

#### INTRODUCTION

Our main efforts during the quarter included finalizing the annual risk assessment, preparing to assume responsibility for the policy management process, revising policy procedures, and planning for improvements to the monitoring responsibilities of the office. UCE also continued its work in COVID-19 response.

#### **COMPLIANCE PROGRAM**

#### Policies and Procedures

In the first quarter, UCE assumed responsibility for the policy management process. This change in the organization will allow a more focused approach to policy management and an elevated profile for the process. A policy director is in place and familiarizing himself with the university's practices and procedures. Initial plans for the program are already being implemented, which include modifying the policy template to ensure it is accessible, conducting an assessment of out-of-date policies, and maintaining throughput of policies already in process. UCE also revised the policy website to make it more useful for employees and is beginning to gather data on policy access to identify potential issues within the university. Additional reporting to the board is anticipated as that data is gathered over time and reports are developed. In addition to these efforts, the policy director is working with university colleagues to establish a program of marketing communications to improve the visibility of policy changes. This increased visibility is intended to improve compliance wity ismure weee becloe re of i (medi) 10.1 (ment) -1.1 (.t) 10.60

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#### **Compliance Officer and Compliance Committee**

COVID-19 related tasks are not as time consuming as earlier in the pandemic, but continued in the 1st Quarter. Focus shifted to managing testing and containment on campus and planning for the expected winter wave of infections. The university has also begun planning for winding down the pandemic response if the pandemic becomes less severe, as expected.

UCE finalized its annual risk assessment in the quarterly Executive Compliance Committee meeting. No changes were suggested by the Committee and the risk priorities list was approved as presented. One risk priority was added to the list, IT security, and one regarding training was removed

#### **Education and Training**

UCE continued to track training across the campus as our suite of required training modules are now in place (see the UNT Training Compliance Snapshot Q1, 2022 in the Appendix, p.9). Faculty completion of the UNT Policies & Title IX training is lower than expected, but we believe that this is an artifact of the training cycle. Many employees are in the window to complete their training at the time the report was compiled.

#### Effective Communication/Trust Line

UCE received 18 reports for the 1<sup>st</sup> Quarter (see Q1 Trust Line Reports chart, Appendix, p.7). Fifteen of those reports have been closed. Two cases were substantiated, and additional training was delivered.

#### **UNT 1st Quarter Compliance Report**

#### **Auditing and Monitoring**

UCE's review of HIPAA covered components at UNT for compliance with the Protected Health Information Privacy policy was still on hold during the quarter. A new compliance analyst began working in the 1st quarter who comes to UNT with a background in HIPAA-related entities. She will be reviewing the work done to date, then develop a plan for completing the HIPAA review in the Spring semester.

#### FY22 RISK ASSESSMENT- Q1 PROGRESS

The UNT Compliance Risk Priorities for FY22 are essentially the same as those for FY21. These risk priorities are usually quite complex and span large parts of the organization, and often take several years to establish effective mitigation plans. None of the current priorities present a high risk of imminent failures and all are being addressed appropriately.

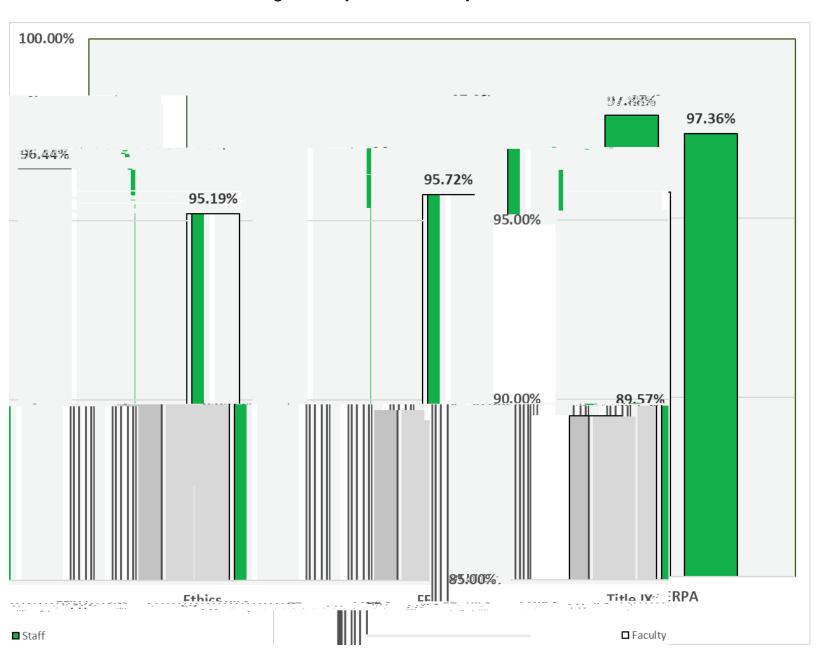
FY202

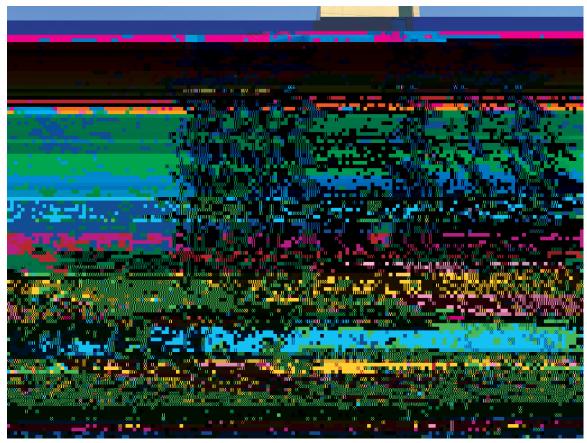
#### **UNT 1st Quarter Compliance Report**

#### ASSOCIATED CHARTS/AP

FY 2022 UNT Compliance and Ethics Program Maturity

## UNT Training Compliance Snapshot Q1, 2022





# Quarterly Compliance Report

first quarter fy 2022

Submitted by
Desiree Ramirez, CCEP, CHC
Senior Vice President and Chief Integrity Officer



#### COMPLIANCE REPORT

### **Integrity-Based Framework**

Integrity is a cornerstone of an effective compliance program. The Integrity Framework is a proactive systemic and comprehensive approach that brings together instruments, processes, and structures for fostering integrity and preventing misconduct. The use of an integrity framework can positively influence employee behavior and experience and contribute to creating a positive work environment thus establishing a healthy relationship between the individual and the organization. This subsequently increases the value of the organization's reputation to their partners, stakeholders and the community.

Integrity risk can pose a threat to the reputation and profitability of the institution due to people-related incidents such as misconduct, bullying and sexual harassment, inappropriate use of social media, breaches of privacy, conflicts of interest, fraud and retaliation. This now also encompasses cyber-crime and expectations in response to societal controversies. Integrity risk carries serious consequences for businesses and employees, including fines, civil penalties and criminal charges. This can damage brand and reputation, impact people turnover and company culture. Management of integrity risk has become a critically important element to managing an effective compliance program.

An integrity based framework consists of three essential pillars: (1) instruments (e.g. ethics code, conflict-of-interest policy, whistleblowing arrangements); (2) processes (development planning, implementing, evaluating and adapting); and (3) structure (appointing responsibility and coordination). Management of this framework undertakes activities to address new and emerging risk with both a reactive and proactive approach. These pillars create a framework outline and dimensions:

- I. Determining and defining integrity
- II. Guiding towards integrity
- III. Monitoring integrity
- IV. Enforcing integrity (fair & appropriate procedures and sanctions)
- V. External context (reputation, audit and legal)

An integrity-based framework combines both the rules-based and values-based approaches and ensures the balance of their components within one framework. This drives the program by individual principles, values, leadership, organization expectations of conduct and legal regulations. An integrity-based approach to compliance is an active, conscious approach by HSC that emphasizes responsibility for ethical behavior and commitment to our Code of Culture. By utilizing this proactive approach, we demonstrate the consistency of our values in action with choices and decisions as an institution and individually.





Center for Medicare and Medicaid Services- Federal Register

The Centers for Medicare & Medicaid Services (CMS) released the 2022 Medicare Physician Fee Schedule final rule on November 2. This rule includes updates to payment rates for physicians and other health care professionals for 2022, this included payment cuts for physicians that would go into effect January 1, 2022, unless Congress acted.

On December 7, 2021, the Protecting Medicare and American Farmers from Sequester Cuts Act (S 610) stopped the 3.75% payment cuts to the Medicare physician fee schedule. This cut would have significantly affected reimbursement and payment to HSC Health. Other items within the final rule include the expansion of telehealth for mental health; and clarification of policies on shared visits, critical care and teaching physicians' services. The office of Institutional Integrity and Awareness will conduct its annual Final Rule education and update to our clinical providers in January.

# **Compliance Program Elements**



### **Education and Training**

New Employee Training is completed within 30 days of hire. All new employees are expected to complete eight modules and review and attest to the HSC Code of Culture. All employees began their integrity education in early November. This year, the annual Integrity Training Program will include a refresher on specific topics thus reducing training time as compared to previous years; full mandatory training will be administered on a three-year cycle. Additionally, supervisors were provided access to the learning management system's analytics tool to help them review training



Integrity and Awareness Week (Compliance and Ethics Week)

During November 8th-12<sup>th</sup>, HSC along with many other organizations across the United States and internationally celebrated Integrity and Awareness Week. During that week, time was utilized to reflect on the ongoing commitment to our ethical culture and don t hig the7 t tr7.6(ls10.9er behaviotmen5ltu)11szed to6



## Trust Line Reporting

HSC received four Trust Line calls in the first quarter; with one case closed and three in process. This is a decrease from the last quarter of five calls received; and a decrease from the same timeframe over the last 3 fiscal years. There is no indicated trend, however with the FY21 policy transformation completed and providing more clarity, employees have been empowered to have more information and education about expectations.



### Title IX and EO Investigations

Title IX / Sexual Misconduct Complaint Data

	Date	Report of Incident	Preliminary	Formal Investigation	Remediation
		Received	Investigation		
Ī	Sept 1 -	8	6	0	0
	Nov 30				

- **Eight incidents reported** to the Title IX Office. HSC lacked jurisdiction for **two** of the **eight** reported incidents.
- **Six Preliminary Investigation(s) Three** Sexual Harassment. **One** Sexual Assault (off campus). **Two** complaints found to be outside of Title IX / Sexual Misconduct. **Five** of the **six** preliminary investigations were closed. **One** is pending closure.
- **Zero Formal Investigations** for this time period.

Date	Report of Incident	Sex-Based	Disability-Based	Race-Based
	Received			
Sept 1 -	9	1	6	1
Nov 30				

- 1 Sex based reviewed in collaboration with HSC Title IX closed, no resolution requested
- **€ 6 disability based** closed, previously investigated
- **1 race based** − closed, unresponsive complainant
- € 1 case is currently open pending a formal complaint form disability based



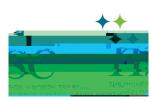
### Conflict of Interest

Completing the Conflict of Interest disclosure form annually ensures that the people of the State of Texas have complete confidence in the integrity of their public servants who adhere to the highest ethical standards and principles of higher education. In order to fulfill this commitment, HSC requires all Employees, including Students paid from sponsored grants, to complete the Annual Conflict of Interest eDisclosure process and certify that they have reviewed and are

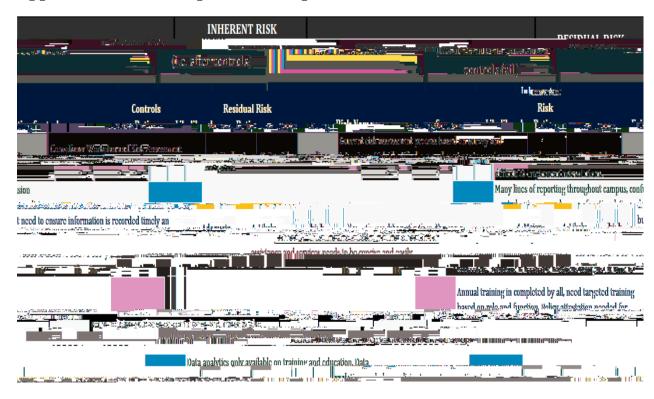


# **World' Most Ethical (WME) Companies Benchmarks**

HSC measured comparably with WME peers in ar



# Appendix: FY22 Compliance Workplan





### ∉ Active Oversight

All members of the President's Cabinet and key stakeholders are kept current on the overall effectiveness of the Program. The OIC has provided quarterly updates of the annual CRWP to senior leadership. The commitment to fostering a culture of compliance is prevalent in all



#### ∉ Open Communications

All UNT Dallas employees must not only be aware of, but also understand the rules that govern, their respective roles and the values underpinning UNT World. Stakeholders, both, internal and external, need assurances that UNT Dallas is committed to ethical and responsible behavior. Communication is key to a culture of compliance.

During this reporting period, the efforts put forth in addressing compliance education and training has required the active participation of Marketing & Communications. Throughout this reporting period, the OIC has worked closely with Marketing & Communications to provide timely compliance information, including announcements regarding upcoming mandated training.

### ∉ Monitoring and Auditing

UNT Dallas is committed to continuous monitoring by implementing internal controls that allow for early detection and remediation of non-compliance within an organization. Audit activities serve to help ensure that operational management has in place internal controls that do not improperly bias the assessment of business processes.

During this reporting period, Internal Audit (IA) completed several UNT Dallas reviews. Details of these reviews will be included in the IA quarterly update to the Board. IA has advised the OIC a comprehensive review of all four institutional Programs will begin in early January of 2022. The OIC continues to work closely with key stakeholders to ensure audit finding are being addressed in a timely and thorough manner.

#### ∉ Enforcement Tools

UNT Dallas, through the Program, incorporates measures that help ensure employees understand the consequences of engaging in unethical behavior or participating in non-compliant activities. This includes procedures for enforcing and disciplining employees who violate compliance standards or fail to report non-compliant activities. Disciplinary provisions equitably enforced are critical to the credibility and integrity of the Program.

A review of investigation processes has begun with collaboration from Human Resources and the Office of General Counsel. This is a risk focus area that will be reported on quarterly. For this reporting period, reported concerns through the Trust Line were limited to two. Neither of these concerns rose to the level of requiring that the Board be advised. The required quarterly reports to the President for compliance with SB 212 were submitted.

#### ∉ Responsive Initiatives

Keeping in mind that a Program should be scalable, affordable, feasible, and enforceable, the OIC evaluates the effectiveness of the program and the seven FSGOs on a regular basis. This evaluation also examines emerging compliance challenges.



During this reporting period, several areas were reviewed, including the need to assess and, as applicable, refine key components of the Program. Draft compliance assessment surveys have been completed.

FY22 Compliance Risk Work Plan (CRWP)







∉ ADA Accommodations

Responsible Units/ Stakeholders: 0

Commitment & Focus:

Compliance & Human Resources

Verify UNT Dallas is committed to establishing responsive

programs for individuals with special needs, providing oversight &

timely case reviews.

Risk Focus Champion(s): Chief Compliance Officer

Tracking Indicators	Milestones & Dates	Expectations	Progress
TBD	Responsible Units/ Stakeholders:  ∉ Establish & Track Goals for Each Objective  ∉ Implement Monthly Investigations Summary Log (ISL) Report	∉ TBD	∉ Quarterly report to CEC & BoR of tracking indicators with key metrics, completed milestones, & updated risk assessment statement

FSGO Elements Addressed: Structure & Governance/Policies & Procedures/Training &

Education



### 

Responsible Units/ Stakeholders:

Commitment & Focus:

Compliance & Athletics Director

The Intercollegiate Athletics Compliance Director must work to establish an environment of education & adherence to institution, conference, & NAIA regulations. This includes implementing a program to monitor intercollegiate athletics & ensure compliance with NAIA & conference rules & regulations, as well as applicable

federal & state requirements.

Risk Focus Champion(s): Chief Compliance Officer

Tracking Indicators	Milestones & Dates	Expectations	Progress
	Responsible Units/ Stakeholders:  ∉ Establish & Track Goals for Each Objective	∉ TBD	∉ Quarterly report to CEC & BoR of tracking indicators with key metrics, completed milestones, & updated risk assessment statement



∉ Records Retention Management



# Appendix A:

# Compliance & Integrity Program (Program) Organizational Overview

UNT Dallas Compliance & Integrity Program - Campus Structure (FY22 Q1)					
Campus Oversight & Accountability President Bob Mong					
Campus Chief Compliance Officer Tim Willette					
Institution	onal Executive Compliance Com	nittee			
President Bob Mong  Betty Stewart, Provost & EVP Tim Willette, CCO Arthur Bradford, CFO & EVP					
President's Cabinet President Bob Mong					
Betty Stewart, Provost & EVP	Arthur Bradford, CFO & EVP	Monica Williams, VP-UA			
Stephanie Holley, VP-SA&S Michael Williams, Distinguished Leader in Residence	José da Silva, AVP & Dean of Students Angie Castillo, Executive Assistant to President	Wanda Boyd, AVC-EDI/HR Executive Director Tim Willette, Chief Compliance Officer			
Compliance Coordin	ating Committees/Other Operat	ional Committees			
Employee Training Monitoring & Auditing Reporting/Investigating					
Principles of Community/Code of Conduct/Policies & Procedures/Standards					
Day-to-Day Operations/Preventive & Corrective/Works In Progress/Emerging Concerns					