

GENERAL INFORMATION

REPORTID: 605394 VERSION:1

1. Fiscal Period End Date 6/30/2014	2. Type of Circular A-133 Audit Single Audit
3. Audit Period Covered Annual	If Audit Period Other, Number of months
4. Auditee Identification Numbers	
a. Auditee Employer Identification Number (EIN) 57-0522624	d. Auditee Data Universal Numbering System (DUNS) Number 07-805-2131
b. Are multiple EINS covered in this report? No	e. Are multiple DUNS covered in this report? No
If Yes, the additional EINS are listed on Additional EINS	If Yes, the additional DUNS are listed on Additional DUNS
5. AUDITEE INFORMATION	6. PRIMARY AUDITOR INFORMATION
a. Auditee Name FRANCIS MARION UNIVERSITY	a. Audit Firm / Organization Name CLINE BRANDT KOCHENOWER & CO. PA
b. Auditee Address (Number and street) 4822 E. PALMETTO STREET	b. Audit Firm / Organization EIN 57-0846159
Auditee City FLORENCE	c. Audit Firm / Organization Address (Number and street) 1225 BAKER BLVD
Auditee State SC	Auditor Firm/Organization City GAFFNEY
Auditee ZIP Code 29506-4530	Auditor Firm/Organization State SC
c. Auditee Contact Name M. AUGUSTUS MCDILL	d. Primary Auditor Name BEN D. KOCHENOWER
Auditee Contact Title ASST VP FOR ACCOUNTING	Primary Auditor Title PARTNER IN-CHARGE
d. Auditee Contact Telephone (843)661-1121	e. Primary Auditor Contact Telephone (864)489-7121
e. Auditee Contact Fax (843)661-1198	f. Primary Auditor Contact Fax (864)489-7123
f. Auditee Contact E-mail MMCDILL@FMARION.EDU	g. Primary Auditor Contact E-mail BDK@CBKPA.COM
	7. Was a secondary auditor used? No
	8. If Yes, the additional auditors are listed on Secondary Auditors

FINANCIAL STATEMENTS SUMMARY

1.Type of audit report

Unmodified

2. Is a 'going concern' emphasis-of-matter paragraph included in the audit report?

No

3.Is a significant deficiency disclosed?

No

4.Is a material weakness disclosed?

No

5.Is a material noncompliance disclosed?

No**FEDERAL PROGRAMS SUMMARY**

1.Does the auditor's report include a statement that the auditee's financial statements include departments, agencies, or other organizational units expending \$500,000 or more in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA Audit Guide)

No

2.What is the dollar threshold to distinguish Type A and Type B programs? (OMB Circular A-133 § .520(b))

\$300,000

3.Did the auditee qualify as a low-risk auditee? (§ .530)

Yes

4.Were Prior Audit Findings related to direct funding shown in the Summary Schedule of Prior Audit Findings? (§ .315(b))

No5.Indicate which Federal agency(ies) have current year audit findings related to **direct** funding or prior audit findings shown in the Summary Schedule of Prior Audit Findings related to **direct** funding.**None**

CERTIFICATIONS

Auditee Certification Statement	Auditor Statement
<p>This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and (3) the information included in Parts I, II, and III of this data collection form is accurate and complete. I declare that the foregoing is true and correct.</p>	<p>The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. Except for Part III, Items 4, 5, 6a-6h, and, when audit findings are reported, 7a-7c, the information included in Parts II and III of this form was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and is not a substitute for such reports. A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information in Parts II and III of this form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.</p>
Auditee Certification	Auditor Statement
ELECTRONICALLY CERTIFIED: 10/29/2014	ELECTRONICALLY CERTIFIED: 10/29/2014
Name of certifying official	
M. AUGUSTUS MCDILL	
Title of certifying official	
ASST. VP FOR ACCOUNTING	