See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SEE SCHEDULE F, PART IV	EUROPE/ICELAND/GREENLAND	1	47,268	WIRE TRANSF			

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

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US

SCHEDULE F, PART I, LINE 2

FOUNDATION FOREIGN PROGRAM EXPENSES CONSISTED OF TWO TYPES. THE FIRST IS TRAVEL EXPENSES INCURRED BY UNIVERSITY EMPLOYEES FOR PROGRAM SERVICE ACTIVITIES CONDUCTED OUTSIDE OF THE UNITED STATES. THE FOUNDATION'S PROCESS FOR MONITORING THESE EXPENSES INCLUDES CODING THESE TYPES OF EXPENSES APPROPRIATELY THROUGH THE NORMAL CHECK DISBURSEMENT PROCESS. THE SECOND RELATES TO THE USF BRIT PROGRAM. THE FOUNDATION MAINTAINS A CONTRACT WITH A US CITIZEN LIVING OUTSIDE OF THE USF TO FUNCTIONS AS THE LONDON ADMINISTRATOR OF THE UNIVERSITY OF SOUTH FLORIDA BRITISH INTERNATIONAL THEATRE (BRIT) PROGRAM. THE ADMINISTRATOR IS RESPONSIBLE FOR IDENTIFYING AND ENGAGING ARTISTS FOR THE PROGRAM. TO EXPEDITE THE PROCESS OF CONTRACTING GUEST ARTISTS FROM THE UNITED KINGDOM, THE FOUNDATION PROVIDES ADVANCED FUNDING TO THE ADMINISTRATOR. THE FOUNDATION RECEIVES A FINANCIAL REPORT WITH SUPPORTING DOCUMENTATION (RECEIPTS) FOR ALL EXPENDITURES WITHIN NINETY (90) DAYS OF THE CONCLUSION OF THE BRIT PROGRAM ANNUAL EVENT. ANY DIFFERENCE WILL BE RETURNED TO THE FOUNDATION OR PAID TO THE ADMINISTRATOR AS APPROPRIATE.

DESCRIPTION OF PROGRAM SERVICES

SCHEDULE F, PART I LINE 3(E) AND PART III (A)

THE USF BRIT PROGRAM STRIVES TO BRING THE BEST OF BOTH CLASSICAL AND CONTEMPORARY APPROACHES OF BRITISH THEATRE TO THE STUDENTS IN THE USF SCHOOL OF THEATRE AND DANCE AND TO AUDIENCES IN TAMPA, FLORIDA. EXPENSES ARE INCURRED IN EUROPE TO LOCATE AND ENGAGE PROFESSIONAL DIRECTORS AND CHOREOGRAPHERS, LEADING VOICE AND SPEECH EXPERTS AND TOP RATE DESIGNERS. THESE EXPERTS HAVE BROUGHT THEIR KNOWLEDGE AND EXPERIENCE IN BRITISH

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

CLASSICAL THEATRE AND CONTEMPORARY CUTTING EDGE THEATRE TO THE STUDENTS AT USF IN THE FORM OF HANDS ON MASTER CLASSES AND WORKSHOPS.

PROGRAM SERVICE EXPENSES WERE ALSO INCURRED FOR VARIOUS TRAVEL RELATED EXPENSES. THESE EXPENSES WERE INCURRED TO SUPPORT RELATED EDUCATIONAL, RESEARCH, AND SERVICE ACTIVITIES OF USF IN ACCORDANCE WITH THE MISSION OF THE FOUNDATION.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number
59-0879015

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2a 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? [X] 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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
RUFFALO CODY AND ASSOCIATES	ANNUAL GIVING		X	588,890.	520,658.	68,232.
Total ▶				588,890.	520,658.	68,232.

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

AL,AR,CT,DE,FL,GA,HI,ID,IN,
IA,KS,LA,MS,MO,MT,NE,NV,NM,NC,ND,PA,RI,SD,TN,TX,VT,VA,WV,WY,

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 ACCOUNTING CIRC (event type)	(b) Event #2 ATHLETICS AUCT (event type)	(c) Other Events 41 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	148,883.	106,098.	996,109.	1,251,090.
	2 Less: Charitable contributions	10,600.	8,602.	506,760.	525,962.
	3 Gross income (line 1 minus line 2)	138,283.	97,496.	489,349.	725,128.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,324.		25,284.	26,608.
	6 Rent/facility costs	5,200.		26,429.	31,629.
	7 Food and beverages	30,154.	389.	238,995.	269,538.
	8 Entertainment			975.	975.
	9 Other direct expenses	4,791.	4,034.	406,247.	415,072.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(743,822.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-18,694.

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

			Yes	No
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?	9a		
b	If "No," explain			
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in.				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶ _____				
	Address ▶ _____				
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
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 of the third party				
	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?	17a			
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number
59-0879015

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? . . . . . [X] 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" to 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
UNIVERSITY OF SOUTH FLORIDA 4202 E. FOWLER AVE TAMPA, FL 33620	59-3102112	GOVRMNT ENTITY	43,682,472		FMV		ACADEMIC & STUDENT SUPPORT
ALUMNI ASSOCIATION 4202 E FOWLER AVE TAMPA, FL 33620	23-7357236	501(C)(3)	400,000		FMV		ALUMNI PROGRAM SUPPORT

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

3 Enter total number of other organizations . . . . . ▶

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 Part IV and 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

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

FORM 990, SCHEDULE I

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

GRANT EXPENSES ARE AMOUNTS TRANSFERRED DIRECTLY TO OR PAID ON BEHALF OF

THE UNIVERSITY IN ACCORDANCE WITH DONOR RESTRICTIONS. ALL EXPENSES

RELATED TO THE USE OF THESE FUNDS ARE REVIEWED BY THE FOUNDATION BEFORE

THEY ARE DISBURSED. THIS IS TO ENSURE THAT THE EXPENSES ARE BEING USED

IN CONJUNCTION WITH FOUNDATION POLICIES. THESE POLICIES ARE MADE

AVAILABLE TO THE UNIVERSITY THROUGH A PUBLIC WEBSITE. ALSO, THE

FOUNDATION HOLDS PERIODIC TRAININGS IN ORDER TO FURTHER ENSURE THAT THE

UNIVERSITY IS SPENDING THEM IN ACCORDANCE WITH THEIR INTENDED PURPOSES

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 Part IV and 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

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

AND IRS REGULATIONS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number

59-0879015

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	[X] First-class or charter travel	[ ] Housing allowance or residence for personal use		
	[X] Travel for companions	[ ] Payments for business use of personal residence		
	[ ] Tax indemnification and gross-up payments	[X] Health or social club dues or initiation fees		
	[ ] Discretionary spending account	[ ] Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a 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	1b	X	
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?	2	X	
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.			
	[X] Compensation committee	[X] Written employment contract		
	[X] Independent compensation consultant	[X] Compensation survey or study		
	[X] Form 990 of other organizations	[X] Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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) Retirement and other 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 reportable compensation				
ROBERT FISCHMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	154,481.	2,000.	1,020.	16,472.	11,269.	185,242.	0.
JUDY L GENSHAFT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	407,617.	0.	55,512.	25,568.	11,818.	500,515.	0.
MARSHALL GOODMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	244,954.	0.	13,932.	26,069.	11,458.	296,413.	0.
ARTHUR M GUILFORD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	194,929.	2,000.	10,905.	20,500.	11,353.	239,687.	0.
JAMES A HYATT SR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	341,497.	0.	12,054.	27,807.	14,530.	395,888.	0.
JOEL D MOMBERG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	477,630.	0.	8,776.	27,000.	13,542.	526,948.	0.
NOREEN E SEGREST	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	174,142.	2,000.	7,680.	18,805.	11,318.	213,945.	0.
JOHN T SINNOTT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	136,261.	16,306.	1,440.	13,527.	11,225.	178,759.	0.
MARGARET M SULLIVAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	224,434.	0.	935.	22,928.	14,030.	262,327.	0.
NICK TRIVUNOVICH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	126,280.	2,000.	0.	13,487.	11,208.	152,975.	0.
RALPH C WILCOX	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	313,623.	0.	10,225.	26,393.	11,608.	361,849.	0.
STEVEN BLAIR	(i)	0.	0.	5,994.	0.	0.	5,994.	0.
	(ii)	199,917.	4,500.	3,776.	21,579.	11,376.	241,148.	0.
RODNEY GRABOWSKI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	227,812.	17,000.	9,134.	24,037.	11,428.	289,411.	0.
DEBORAH LEE WILLIAMS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	190,107.	1,500.	9,264.	19,853.	5,186.	225,910.	0.
JULIE GILLESPIE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	131,547.	1,500.	7,620.	13,246.	10,926.	164,839.	0.
VICKI MITCHELL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	131,629.	1,500.	6,600.	13,068.	5,186.	157,983.	0.

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.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J

EMPLOYEES OF THE UNIVERSITY PERFORM OPERATING FUNCTIONS FOR THE FOUNDATION. THE UNIVERSITY TRACKS, ADMINISTERS, AND REPORTS ALL PAYROLL AND FRINGE BENEFIT COSTS. THE FOUNDATION TRANSFERS FUNDS TO THE UNIVERSITY FOR THESE COSTS, ESTIMATING THE SALARY COSTS OF INDIVIDUALS DEVOTING EFFORT TO THE FOUNDATION AND APPLIES A 28% FRINGE BENEFIT RATE IN ADDITION TO THE BASE SALARY COSTS. THE AMOUNT FUNDED BY THE FOUNDATION TO THE UNIVERSITY WAS APPROXIMATELY $3,730,000 FOR THE YEAR ENDED JUNE 30, 2010.

SCHEDULE J, PART 1A

THE FOUNDATION PAID FOR FIRST-CLASS OR CHARTER TRAVEL FOR THE FOLLOWING EMPLOYEES:

JUDY GENSHAFT, PRESIDENT, UNIVERSITY OF SOUTH FLORIDA

JOEL MOMBERG, SR. VICE PRESIDENT, UNIVERSITY ADVANCEMENT AND CEO, USF FOUNDATION

ROD GRABOWSKI, SR. ASSOCIATE VICE PRESIDENT AND INTERIM CEO THRU 2-09,

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.

UNIVERSITY ADVANCEMENT

DEBORAH LEE WILLIAMS, ASSOCIATE VICE PRESIDENT, CONSTITUENT DEVELOPMENT

STEVE BLAIR, ASSOCIATE VICE PRESIDENT AND CHIEF DEVELOPMENT OFFICER, USF

HEALTH DEVELOPMENT

MARGARET SULLIVAN, REGIONAL CHANCELLOR, USF ST. PETERSBERG

THE FIRST-CLASS OR CHARTER TRAVEL EXPENSES INCURRED WERE FOR A BONA FIDE

BUSINESS PURPOSE AND THUS NOT INCLUDED IN THE TAXABLE COMPENSATION OF

THESE INDIVIDUALS.

THE FOUNDATION PAID TRAVEL EXPENSES FOR THE SPOUSES OF THE FOLLOWING

EMPLOYEES:

JOEL MOMBERG, SR. VICE PRESIDENT, UNIVERSITY ADVANCEMENT AND CEO, USF

FOUNDATION

ROD GRABOWSKI, SR. ASSOCIATE VICE PRESIDENT AND INTERIM CEO THRU 2-09,

UNIVERSITY ADVANCEMENT

DEBORAH LEE WILLIAMS, ASSOCIATE VICE PRESIDENT, CONSTITUENT DEVELOPMENT

THE TRAVEL EXPENSES INCURRED BY THE EMPLOYEES' SPOUSES WERE FOR A BONA

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.

FIDE PURPOSE AND THUS NOT INCLUDED IN THE TAXABLE COMPENSATION OF THESE INDIVIDUALS.

THE FOUNDATION PAID SOCIAL CLUB DUES OR INITIATION FEES, SPECIFICALLY FOR FUNDRAISING PURPOSES FOR THE FOLLOWING INDIVIDUALS LISTED ON PART VII:

JIM HYATT, SR. VICE PRESIDENT, BUSINESS AND FINANCE

JOEL MOMBERG, SR. VICE PRESIDENT, UNIVERSITY ADVANCEMENT AND CEO, USF FOUNDATION

JUDY GENSHAFT, PRESIDENT, UNIVERSITY OF SOUTH FLORIDA

ARTHUR GUILFORD, REGIONAL CHANCELLOR SARASOTA MANATEE

MARSHALL GOODMAN, VICE PRESIDENT AND CEO, UNIVERSITY OF SOUTH FLORIDA POLYTECHNIC

RALPH WILCOX, EXECUTIVE VP AND PROVOST, UNIVERSITY OF SOUTH FLORIDA

ROD GRABOWSKI, SR. ASSOCIATE VICE PRESIDENT AND INTERIM CEO THRU 2-09, UNIVERSITY ADVANCEMENT

DEBORAH LEE WILLIAMS, ASSOCIATE VICE PRESIDENT, CONSTITUENT DEVELOPMENT

STEVE BLAIR, ASSOCIATE VICE PRESIDENT AND CHIEF DEVELOPMENT OFFICER, USF HEALTH DEVELOPMENT

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.

THE FULL AMOUNT OF THESE PAYMENTS ARE INCLUDED IN THE INDIVIDUALS'

TAXABLE COMPENSATION PAID BY UNIVERSITY OF SOUTH FLORIDA.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 4A

PURSUANT TO UNIVERSITY OF SOUTH FLORIDA REGULATION NUMBER: USF10.210

ADMINISTRATION EMPLOYMENT IS AT WILL AND ADMINISTRATION EMPLOYEES MAY BE

NON-REAPPOINTED UPON WRITTEN NOTICE. THE PERIOD OF NOTIFICATION PRIOR TO

THE EFFECTIVE DATE OF NON-REAPPOINTMENT IS SIXTY (60) DAYS NOTICE FOR

EMPLOYEES WHO ARE DESIGNATED AS EXECUTIVE SERVICE. JEFFREY J. ROBISON

WAS ISSUED A FORMAL NOTICE OF NON-REAPPOINTMENT TO THE POSITION OF VICE

PRESIDENT FOR UNIVERSITY ADVANCEMENT AND CHIEF EXECUTIVE OFFICER OF THE

USF FOUNDATION ON SEPTEMBER 25, 2008. AS OUTLINED IN MR. ROBISON'S OFFER

LETTER, HE WAS ALSO ENTITLED TO TWELVE MONTHS OF HIS MOST RECENT ANNUAL

SALARY AND HEALTH BENEFITS IF TERMINATED FOR ANY REASON OTHER THAN FOR

CAUSE. MR. ROBISON RECEIVED LUMP SUM PAYMENTS (LESS APPLICABLE TAXES)

TOTALING $250,000 EQUIVALENT TO HIS ANNUAL GROSS COMPENSATION AND HEALTH

INSURANCE COVERAGE FOR TWELVE (12) MONTHS DURING CALENDAR YEAR 2008

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.

TOTALING APPROXIMATELY $12,500. MR. ROBISON RECEIVED PAYMENTS FOR COMPENSATION OF $25,862.07 DURING CALENDAR YEAR 2008 AND $224,137.93 IN CALENDAR YEAR 2009.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART II LINE B(III)

INCLUDED IN OTHER REPORTABLE COMPENSATION FOR STEVE BLAIR IS $5,994 IN UNRELATED COMPENSATION FROM USF COLLEGE OF MEDICINE ACADEMIC SUPPORT FUND, WHICH IS AN UNRELATED ORGANIZATION. THIS COMPENSATION WAS A REIMBURSEMENT FOR INSURANCE RELATED EXPENSES.

SCHEDULE J-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.
▶ See Instructions for Schedule J (Form 990).

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number

59-0879015

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	0.	0.	0.	0.	0.	0.	0.
TRUDIE FRECKER	(ii)	178,070.	1,000.	0.	19,374.	5,548.	203,992.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
J JEFFREY ROBISON	(ii)	0.	0.	224,138.	0.	0.	224,138.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Schedule J-1 (Form 990) 2009

JSA

9E1293 1 000

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number

59-0879015

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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-MSC)	(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			
LINDA D MARCELLI TRUSTEE	1.00	X						0.	0.	0.
JOEL D MOMBERG SR. VP, UNIV ADV & CEO USFF	40.00	X		X				0.	486,406.	40,542.
ROGER D MONSOUR TRUSTEE	1.00	X						0.	0.	0.
GEORGE MORGAN TRUSTEE	1.00	X						0.	0.	0.
FRANK L MORSANI TRUSTEE	1.00	X						0.	0.	0.
VIVIEN A OLIVA TRUSTEE	1.00	X						0.	0.	0.
JAMES R RAGSDALE TRUSTEE	1.00	X						0.	0.	0.
FRANK J RIEF III TRUSTEE	1.00	X						0.	0.	0.
ANUPAM SAXENA TRUSTEE	1.00	X						0.	0.	0.
NANCY M SCHNEID TRUSTEE	1.00	X						0.	0.	0.
JOHN R SCHUELER TRUSTEE	1.00	X						0.	0.	0.
NOREEN E SEGREST ASSOC VP ADV & USFF COUNSEL	40.00	X		X				0.	183,822.	30,123.
MANDALL SHIMBERG JR TRUSTEE	1.00	X						0.	0.	0.
GEOFFREY A SIMON TRUSTEE	1.00	X						0.	0.	0.
JOHN T SINNOTT ASSOC DEAN, COLLEGE MEDICINE	5.00	X						0.	154,007.	24,752.
RICHARD SMITH TRUSTEE	1.00	X						0.	0.	0.
MARGARET M SULLIVAN REGIONAL CHANCELLOR SP	5.00	X						0.	225,369.	36,958.
JOSEPH P TEAGUE TRUSTEE	1.00	X						0.	0.	0.
STELLA F THAYER TRUSTEE	1.00	X						0.	0.	0.
NICK TRIVUNOVICH VP, BUSINESS & FINANCE, USF	5.00	X						0.	128,280.	24,695.
CHARLES F TOUCHTON TRUSTEE	1.00	X						0.	0.	0.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number

59-0879015

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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-MSC)	(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			
RALPH C WILCOX EXE VP & PROVOST, USF	5.00	X						0.	323,848.	38,001.
JERRY L WILLIAMS TRUSTEE	1.00	X						0.	0.	0.
RICHARD L BROWN EMERITUS TRUSTEE	1.00	X						0.	0.	0.
GUS A STAVROS EMERITUS TRUSTEE	1.00	X						0.	0.	0.
JOSEPH W TAGGART EMERITUS TRUSTEE	1.00	X						0.	0.	0.
STEVEN BLAIR AVP OF USF HEALTH, USFF	40.00				X			5,994.	208,193.	32,956.
RODNEY GRABOWSKI SR AVP & CAMPAIGN DIR, USFF	40.00				X			0.	253,946.	35,465.
DEBORAH LEE WILLIAMS AVP, USFF	40.00				X			0.	200,871.	25,040.
RUTH BANNHARD SR. DIR OF DEVELOP- ANNUAL	40.00					X		0.	105,814.	22,425.
JULIE GILLESPIE AVP GIFTS, USFF	40.00					X		0.	140,667.	24,172.
VICKI MITCHELL AVP ATHLETICS, USFF	40.00					X		0.	139,729.	18,255.
KELLY RITRIEVI SR DIRECTOR GIFT PLAN, USFF	40.00					X		0.	114,332.	17,193.
LIZABETH SISMILICH DIR OF DEVELOPMENT GIFTS USFF	40.00					X		0.	114,949.	22,425.
TRUDIE FRECKER FORMER ASSOC VP, USF							X	0.	179,070.	24,922.
J JEFFREY ROBISON FORMER CEO, USFF							X	0.	224,138.	0.

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number
59-0879015

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	UNIVERSITY OF SOUTH FLORIDA	59-3102112	914875AE9	03/06/2003	13,200,000	CONSTRUCTION OF ATHLETIC FACILITY		X		X
B										
C										
D										
E										

Part II Proceeds

	A	B	C	D	E
1 Total proceeds of issue	13,283,495.				
2 Gross proceeds in reserve funds					
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds	121,250.				
6 Working capital expenditures from proceeds	3,463,658.				
7 Capital expenditures from proceeds	9,698,587.				
8 Year of substantial completion	2005				

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9 Were the bonds issued as part of a current refunding issue?		X								
10 Were the bonds issued as part of an advance refunding issue?		X								
11 Has the final allocation of proceeds been made?	X									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use *(Continued)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?	X									
b Are there any research agreements with respect to the financed property which may result in private business use?		X								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.0000%		%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.0000%		%		%		%		%	
6 Total of lines 4 and 5	0.0000%		%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2 Is the bond issue a variable rate issue?	X									
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b Name of provider	SUNTRUST BANK									
c Term of hedge	7.000									
4a Were gross proceeds invested in a GIC?		X								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?	X									

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number
59-0879015

Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
SUNTRUST BANK	SEE SCHEDULE O	677,203	DRAW ON LINE OF CREDIT		X
SUNTRUST BANK	SEE SCHEDULE O	28,218	BANK SERVICES		X
TECO FOUNDATION	SEE SCHEDULE O	156,678	PAYMENT FOR SUITE USE		X
TECO	SEE SCHEDULE O	2,553.	MONTHLY ELECTRICAL CHARGES		X

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number
59-0879015

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art	X	12	100,350.	OPINIONS OF EXPERTS
2	Art-Historical treasures	X	1	7,415.	OPINIONS OF EXPERTS
3	Art-Fractional interests				
4	Books and publications	X		30,565.	SALE COMPARABLE PRPT
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes	X	1	1,135,659.	OPINIONS OF EXPERTS
8	Intellectual property				
9	Securities-Publicly traded	X	22	177,349.	COST/SELLING PRICE
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution-Historic structures				
14	Qualified conservation contribution-Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory	X	15	24,703.	COST/SELLING PRICE
20	Drugs and medical supplies	X	1	213.	COST/SELLING PRICE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(ATCH 2)		88.	4,240,380.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 17

			Yes	No
30 a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

USE OF THIRD-PARTY TO SELL NON CASH CONTRIBUTIONS

SCHEDULE M, 32B

THE FOUNDATION USES A THIRD PARTY AUCTIONEER SERVICE TO SELL DONATED ITEMS THAT IT DOES NOT INTEND TO KEEP IN ITS PERMANENT COLLECTION (LIKE JEWELRY), OR HAVE AN INTERNAL USE FOR LIKE A VEHICLE. AFTER THE AUCTIONEER FINDS A WILLING BUYER, THE FOUNDATION RECEIVES THE PROCEEDS OF THESE TRANSACTIONS MINUS A SERVICE FEE. THE USF FOUNDATION UTILIZES CHARITABLE AUTO RESOURCES (CARS) AS A SERVICE PROVIDER FOR THE FACILITATION OF THE WUSF PUBLIC BROADCASTING DIVISION OF THE UNIVERSITY OF SOUTH FLORIDA VEHICLE DONATION PROGRAM. CARS ACTS AS AN AUTHORIZED AGENT TO PROCESS DONATED VEHICLES AND PROVIDES WRITTEN SUBSTANTIATION OF DONATIONS TO DONORS INCLUDING APPROPRIATE TAX FORMS. CARS RETAINS A PORTION OF THE NET VEHICLE DONATION PROGRAM PROCEEDS AND DISTRIBUTES THE REMAINDER TO THE USF FOUNDATION TO BENEFIT WUSF PUBLIC BROADCASTING.

DONATION OF AIRCRAFT

SCHEDULE M, LINE 7

THE FOUNDATION WAS THE RECIPIENT OF A DONATION OF AN AIRCRAFT DURING THE YEAR ENDED JUNE 30, 2010, AND IS REPORTED ON SCHEDULE M AT $1,135,659. THIS AIRCRAFT WAS TRANSFERRED TO A USF ENTITY FOR MANAGEMENT OVERSIGHT RESPONSIBILITY BASED ON A SECOND APPRAISAL RECEIVED OF $945,000. THIS DONATED AIRCRAFT FULFILLED AN EXISTING PLEDGE, AND THEREFORE IS NOT INCLUDED IN PART VIII, LINE 1G.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 2

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
MISCELLANEOUS	X	38	213,519.	SALE COMPARABLE PRPT
CONSTRUCTION MATERIALS	X	1	1,725.	COST/SELLING PRICE
OFFICE SUPPLIES & EQUIP	X	26	709,408.	COST/SELLING PRICE
INFORMATION TECHNOLOGY	X	23	3,315,728.	COST/SELLING PRICE
TOTALS		88.	4,240,380.	

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number

59-0879015

ATTACHMENT 3

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

THE FOUNDATION SERVES AS THE OFFICIAL LEGAL CONDUIT FOR THE ACCEPTANCE, INVESTMENT, AND DISTRIBUTION OF PRIVATE GIFTS IN SUPPORT OF THE ACTIVITIES AND PROGRAMS OF THE UNIVERSITY OF SOUTH FLORIDA WHICH INCLUDES THE COLLEGES, CAMPUSES, HEALTH, ATHLETICS AND OTHER APPROPRIATE UNIVERSITY-RELATED UNITS. SUPPORT IS GIVEN TO USF BY PROVIDING FUNDING FOR THE ENDOWED CHAIRS, GRANTS, AND STUDENT SCHOLARSHIPS AMONG OTHER ACTIVITIES.

FOREIGN COUNTRIES

FORM 990, PART V, LINE 4B

AUSTRIA

BELGIUM

UNITED KINGDOM

HONG KONG

JAPAN

SINGAPORE

BRAZIL

CANADA

SWEDEN

NETHERLANDS

CHINA

Name of the organization: UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number: 59-0879015

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11

A COMPLETE DRAFT OF FORM 990 IS MADE AVAILABLE ELECTRONICALLY TO ALL MEMBERS OF THE FOUNDATION BOARD FOR COMMENT AT LEAST ONE WEEK PRIOR TO FILING. THE AUDIT COMMITTEE OF THE BOARD PERFORMS A THOROUGH AND DETAILED REVIEW OF THE FORM 990 AND OTHER FEDERAL FORMS PRIOR TO REVIEW BY THE FULL BOARD AND PRIOR TO FILING ON MAY 15TH. THE AUDIT COMMITTEE CONSISTS OF SEVEN (7) VOTING MEMBERS AND FIVE (5) NON-VOTING MEMBERS. NON-VOTING MEMBERS INCLUDE MEMBERS OF THE BOARD THAT SERVE AS MANAGEMENT OF THE FOUNDATION OR THE UNIVERSITY.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12C

DUE TO THE VARIED INTERESTS AND BACKGROUNDS OF THE MEMBERS OF THE BOARD, SITUATIONS INVOLVING POSSIBLE CONFLICTS OF INTEREST MAY ARISE. IT IS THE RESPONSIBILITY OF THE MEMBERS OF THE BOARD TO GOVERN THE USF FOUNDATION'S AFFAIRS HONESTLY, EXERCISING DUE CARE, SKILL AND JUDGMENT FOR THE BENEFIT OF THE FOUNDATION. POTENTIAL OR APPARENT CONFLICTS OF INTEREST ARE DESCRIBED IN THE USF FOUNDATION CONFLICT OF INTEREST AND CONFIDENTIAL INFORMATION POLICY. IF A CONFLICT OF INTEREST, IN FACT, EXISTS, THE BOARD MEMBER SHALL DISCLOSE THE POTENTIAL OR APPARENT CONFLICT OF INTEREST IN THE ANNUAL CONFLICT OF INTEREST DISCLOSURE FOR BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES AND SHALL ABSTAIN FROM PARTICIPATION IN ANY VOTE OR DISCUSSION INVOLVING THE MATTER. THE USF FOUNDATION BOARD MANAGER IS RESPONSIBLE FOR THE ANNUAL DISTRIBUTION OF THE CONFLICT OF INTEREST AND CONFIDENTIAL INFORMATION POLICY AND THE COLLECTION OF THE ANNUAL CONFLICT OF INTEREST DISCLOSURE FOR BOARD MEMBERS, OFFICERS AND

Name of the organization: UNIVERSITY OF SOUTH FLORIDA FOUNDATION
Employer identification number: 59-0879015

KEY EMPLOYEES. THE BOARD MANAGER REPORTS ANY DISCLOSURE OF POTENTIAL OR APPARENT CONFLICTS WITH THE USF FOUNDATION'S CHAIR, CHIEF EXECUTIVE OFFICER AND RELEVANT COMMITTEE CHAIRPERSON.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

FORM 990, PART VI, QUESTION 15A AND 15B

THE USF FOUNDATION COMPENSATION COMMITTEE REVIEWED THE COMPENSATION PROVIDED BY THE USF FOUNDATION TO SEVERAL USF STAFF ALONG WITH MARKET SALARY DATA TO MAKE A DETERMINATION OF REASONABLENESS. THE STAFF SELECTED FOR REVIEW, AS REQUIRED BY THE INTERNAL REVENUE SERVICE, INCLUDED OFFICERS OR MEMBERS OF USF FOUNDATION BOARD WHO RECEIVE COMPENSATION FROM THE USF FOUNDATION, KEY EMPLOYEES AND HIGHEST PAID STAFF. THE COMPENSATION COMMITTEE ALSO RECEIVED THE WRITTEN OPINION OF AN INDEPENDENT COMPENSATION CONSULTANT TO AID IN THE DETERMINATION OF REASONABLENESS. THIS COMPENSATION REVIEW IS UNDERTAKEN TO OBTAIN THE BENEFIT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE IRS RULES. THE COMPENSATION COMMITTEE MUST:

-BE COMPOSED ENTIRELY OF INDIVIDUAL UNRELATED AND NOT SUBJECT TO THE CONTROL OF THE INDIVIDUAL'S WHOSE COMPENSATION IS BEING REVIEWED.

-OBTAIN APPROPRIATE DATA AS TO THE COMPARABILITY OF SALARY; AND

-DOCUMENT THE BASIS FOR ITS DETERMINATION THAT THE INDIVIDUAL'S COMPENSATION IS REASONABLE IN LIGHT OF THAT DATA.

DURING THE DISCUSSION OF ANY INDIVIDUAL'S SALARY THAT INDIVIDUAL MUST LEAVE THE ROOM. THE COMMITTEE'S CONCLUSIONS ARE DOCUMENTED IN THE OFFICAL MINUTES OF THE MEETING. THE COMPENSATION REVIEW OCCURS WHEN NEW HIRES ARE MADE TO KEY POSITIONS OR WHEN SALARY DATA IS SOLICITED FROM AN

Name of the organization: UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number: 59-0879015

INDEPENDENT CONSULTANT FOR MARKET COMPARISONS WHICH MAY BE ANNUALLY OR BI-ANNUALLY.

SALARY INFORMATION WAS REVIEWED IN FEBRUARY 2011 FOR THE FOLLOWING POSITIONS:

BOARD MEMBERS

PRESIDENT, UNIVERSITY OF SOUTH FLORIDA

SR. VICE PRESIDENT, UNIVERSITY ADVANCEMENT AND CEO, USF FOUNDATION

ASSOCIATE VICE PRESIDENT, ADVANCEMENT OPERATIONS AND USF FOUNDATION COUNSEL

ASSOCIATE VICE PRESIDENT, BUSINESS & FINANCE AND USF FOUNDATION CFO

KEY EMPLOYEES

SR. ASSOCIATE VICE PRESIDENT, UNIVERSITY ADVANCEMENT AND CAMPAIGN DIRECTOR

ASSOCIATE VICE PRESIDENT, CONSTITUENT DEVELOPMENT

ASSOCIATE VICE PRESIDENT AND CHIEF DEVELOPMENT OFFICER, USF HEALTH DEVELOPMENT

5 HIGHEST PAID

ASSISTANT VICE PRESIDENT OF DEVELOPMENT (PRINCIPAL GIFTS)

ASSOCIATE DIRECTOR, INTERCOLLEGIATE ATHLETICS

SR. DIRECTOR, GIFT PLANNING

SR. DIRECTOR, ANNUAL GIVING

Name of the organization: UNIVERSITY OF SOUTH FLORIDA FOUNDATION
Employer identification number: 59-0879015

DIRECTOR OF DEVELOPMENT, LEADERSHIP GIFTS

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC

FORM 990, PART VI, QUESTION 19

THE USF FOUNDATION POSTS ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BYLAWS), AUDITED FINANCIAL STATEMENTS FOR THE PRIOR THREE (3) FISCAL YEARS, INTERNAL REVENUE SERVICE DETERMINATION LETTER OF 501(C)(3) STATUS, MOST RECENTLY FILED INFORMATIONAL RETURN FORM 990, AND MOST RECENTLY FILED EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FORM 990-T ON ITS WEBSITE HTTP://GIVING.USF.EDU FOR PUBLIC INSPECTION. THE FOUNDATION MAKES ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

OFFICER/DIRECTOR/KEY EMPLOYEE HOURS DEVOTED TO RELATED ORGANIZATION

PART VII

JUDY L. GENSHAFT - UNIVERSITY OF SOUTH FLORIDA - 35 HRS

MARSHALL GOODMAN - UNIVERSITY OF SOUTH FLORIDA - 35 HRS

ARTHUR M. GUILFORD - UNIVERSITY OF SOUTH FLORIDA - 35 HRS

JAMES A. HYATT, SR. - UNIVERSITY OF SOUTH FLORIDA - 35 HRS

JOHN T. SINNOTT - UNIVERSITY OF SOUTH FLORIDA - 35 HRS

MARGARET M. SULLIVAN - UNIVERSITY OF SOUTH FLORIDA - 35 HRS

NICK TRIVUNOVICH - UNIVERSITY OF SOUTH FLORIDA - 35 HRS

RALPH C. WILCOX - UNIVERSITY OF SOUTH FLORIDA - 35 HRS

DISTINGUISHING PYMTS FOR PROF. FUNDRAISING SERVICES FROM EXP PYMT OR REIMB

SCHEDULE G, PART I, COL V

THE FOUNDATION HAS CONTRACTED WITH A TELEMARKETING SERVICE PROVIDER,

Name of the organization: UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number: 59-0879015

RUFFALO CODY, IN ORDER TO MANAGE A TWELVE-MONTH-A-YEAR, ON CAMPUS TELEPHONE FUNDRAISING PROGRAM. PAYMENTS ARE MADE BASED ON THIS CONTRACT, AND ITS AGREED UPON ANNUAL COMPLETED CALL RATE. THE FOUNDATION HAS THE RIGHT TO TERMINATE THIS AGREEMENT AT ANY TIME AND ANY REASON UPON SIXTY DAYS WRITTEN NOTICE TO THE OTHER PARTY.

FUNDRAISING ACTIVITIES

SCHEDULE G, PART II

FORM 990 REPORTING REQUIRES CONTRIBUTIONS FROM FUNDRAISING EVENTS BE REPORTED ON LINE 1, PART VIII; THEREFORE, LINE 2, PART II, SCHEDULE G SUBTRACTS CONTRIBUTIONS FROM FUNDRAISING RECEIPTS. THIS RESULTS IN A NEGATIVE NET INCOME OF ($18,694) FROM THE FUNDRAISING EVENTS ON LINE 11,SCHEDULE G WITH THE $525,962 OF CONTRIBUTIONS REFLECTED ON LINE 1, PART VIII.

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV

KERI GAWRYCH IS AN EXECUTIVE VICE PRESIDENT FOR SUNTRUST BANK. MS. GAWRYCH ALSO SERVES AS A TRUSTEE ON THE USF FOUNDATION BOARD OF TRUSTEES AND CHAIR OF THE AUDIT COMMITTEE. SUNTRUST PROVIDES THE USF FOUNDATION WITH A LINE OF CREDIT IN WHICH DRAWS ARE MADE IN ORDER TO PAY BOTH INTEREST AND PRINCIPAL ASSOCIATED WITH THE CERTIFICATES OF PARTICIPATION

Name of the organization: UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number: 59-0879015

SERIES 2003A HELD WITH US BANK. THESE DRAWS ARE IMMEDIATELY PAID OFF BY THE UNIVERSITY OF SOUTH FLORIDA. DURING FISCAL YEAR 2010, DRAWS ON THE LINE OF CREDIT AMOUNTED TO $585,000 AND $92,203 FOR PRINCIPAL AND INTEREST, RESPECTIVELY.

SUNTRUST BANK ALSO PROVIDES THE USF FOUNDATION WITH BANKING AND TRUST SERVICES COSTING $28,218 AND $13,175, RESPECTIVELY IN FISCAL YEAR 2010. THE FOUNDATION SELECTS ITS PROVIDER THROUGH A REQUEST FOR PROPOSAL PROCESS EVERY 5 -7 YEARS OR AS THE NEEDS OF THE FOUNDATION CHANGE. THIS RELATIONSHIP WAS NEGOTIATED AT ARM'S LENGTH THROUGH THE NORMAL COURSE OF BUSINESS.

GORDON GILLETTE IS PRESIDENT OF TAMPA ELECTRIC & PEOPLES GAS (TECO). MR. GILLETTE ALSO SERVES AS VICE CHAIRMAN ON THE USF FOUNDATION BOARD OF TRUSTEES. THE FOUNDATION PAID $156,677.99 TO TECO ENERGY FOUNDATION, INC. FOR USE OF THEIR SUITE IN RAYMOND JAMES STADIUM DURING USF FOOTBALL HOME GAMES. THE SUITE WAS USED FOR DONOR CULTIVATION AND STEWARDSHIP. ALSO, $2,553.16 WAS PAID TO TECO FOR VARIOUS MONTHLY ELECTRIC CHARGES FOR THE USF HOPE HOUSE AND UNDER THE DON'T STOP, DON'T DROP PROGRAM.

Name of the organization: UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number: 59-0879015

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RUFFALO CODY AND ASSOCIATES PO BOX 3018 CEDAR RAPIDS, IA 52406	PROF. FUNDRAISERS	520,658.
SNAVELY ASSOCIATES 300 S ALLEN STREET STATE STATE COLLEGE, PA 16801	COMMUNICATIONS	177,237.
SHOWORKS, INC 200 SCARLET BLVD OLDSMAR, FL 34677	EVENT COORDINATION	125,126.
BENTZ WHALEY FLESSNER 7251 OHMS LANE MINNEAPOLIS, MN 55439	CAMPAIGN FEASIBILITY	102,305.
TOTAL COMPENSATION		925,326.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNIVERSITY OF SOUTH FLORIDA FOUNDATION

Employer identification number
59-0879015

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

(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
UNIVERSITY OF SOUTH FLORIDA 59-3102112 4202 E. FOWLER AVE TAMPA, FL 33620	EDUCATION	FL	GOVT	N/A	N/A
USF ALUMNI ASSOCIATION 23-7357236 4202 E. FOWLER AVE TAMPA, FL 33620	ALUMNI RELATN	FL	501(C)(3)	11-TYPE 3	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

			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 or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d	X	
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h	X	
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		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	(b) Transaction type (a–r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate 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

Schedule R (Form 990) 2009

JSA

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