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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011

B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
THE UNIVERSITY OF TAMPA INCORPORATED

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 401 W Kennedy Blvd | Room/suite

City or town, state or country, and ZIP + 4
Tampa, FL 336061490

D Employer identification number 59-0624459

E Telephone number (813) 253-6210

G Gross receipts $ 187,078,220

F Name and address of principal officer
RONALD L VAUGHN
401 W Kennedy Blvd
Tampa, FL 336061490

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UT EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1931 | **M** State of legal domicile FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE UNIVERSITY OF TAMPA IS COMMITTED TO THE DEVELOPMENT OF EACH STUDENT TO BECOME A PRODUCTIVE AND RESPONSIBLE CITIZEN

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	48
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	45
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2,364
6	Total number of volunteers (estimate if necessary)	6	800
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,826,965	7,042,524
	9	Program service revenue (Part VIII, line 2g)	156,025,990	167,719,507
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	943,993	2,088,424
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,157,931	1,873,854
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	163,954,879	178,724,309
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36,118,643	38,047,367
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	50,416,989	52,904,530
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,790,831		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	64,158,205	65,046,316
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	150,693,837	155,998,213
	19	Revenue less expenses Subtract line 18 from line 12	13,261,042	22,726,096

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	313,309,884	333,877,119
	21	Total liabilities (Part X, line 26)	123,406,348	119,128,690
	22	Net assets or fund balances Subtract line 21 from line 20	189,903,536	214,748,429

Part II Signature Block

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

Sign Here

****** | 2011-12-08
Signature of officer | Date

RONALD VAUGHN PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ CROWE HORWATH LLP				Firm's EIN ▶
Firm's address ▶ 101 E Kennedy Blvd Suite 1250 Tampa, FL 336025197				Phone no ▶ (813) 223-1316

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

THE UNIVERSITY OF TAMPA IS A COMPREHENSIVE, INDEPENDENT UNIVERSITY THAT DELIVERS CHALLENGING AND HIGH QUALITY EDUCATIONAL EXPERIENCES TO A DIVERSE GROUP OF LEARNERS (CONTINUED IN SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☐ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 52,085,230 including grants of $ 0) (Revenue $ 138,400,290)

ACADEMIC AND INSTRUCTIONAL SUPPORT THE UNIVERSITY OF TAMPA HAS OVER 140 PROGRAM AREAS OF STUDY NEW ACADEMIC MAJORS WERE INTRODUCED AND THE UNIVERSITY INTENSIFIED THE FOCUS ON LEADERSHIP, INTERNATIONAL AND EXPERIENTIAL LEARNING THE UNIVERSITY IS COMMITTED TO PROVIDING A CAMPUS-LEARNING ENVIRONMENT THAT PROMOTES STRONG PARTNERSHIPS WITH THE COMMUNITY AND INTERNATIONAL COMPETENCY TO PREPARE STUDENTS TO BE GLOBAL CITIZENS FACULTY-LED TRAVEL PROGRAMS ARE AN INTEGRAL PART OF OUR CURRICULUM SEVERAL NEW TRAVEL ABROAD COURSES WERE ADDED THIS PAST YEAR

4b (Code) (Expenses $ 38,047,367 including grants of $ 38,047,367) (Revenue $ 0)

STUDENT AID GRANTS & SCHOLARSHIPS THE UNIVERSITY OF TAMPA OFFERS A STRONG FINANCIAL AID PROGRAM THAT ASSISTS QUALIFIED STUDENTS WITH THEIR EDUCATIONAL EXPENSES, MORE THAN 90 PERCENT OF THE UNIVERSITY'S STUDENTS HAVE RECEIVED SOME TYPE OF FINANCIAL AID ASSISTANCE

4c (Code) (Expenses $ 29,807,422 including grants of $ 0) (Revenue $ 1,241,093)

STUDENT SERVICES & COMMUNITY IMPACT WITH OVER 6,600 STUDENTS ENROLLED, THE UNIVERSITY OF TAMPA'S EXCELLENT REPUTATION CONTRIBUTES TO THE ORGANIZATION'S ROLE AS A MAJOR INTELLECTUAL TALENT IMPORTER FOR TAMPA BAY WE DRAW STUDENTS FROM ALL 50 STATES AND OVER 100 COUNTRIES THE UNIVERSITY OF TAMPA'S STUDENTS THROUGH PEACE VOLUNTEER CENTER COORDINATE THE VOLUNTEER EFFORTS OF STUDENTS, STUDENT ORGANIZATIONS, FACULTY AND STAFF WITH APPROXIMATELY 200 COMMUNITY AGENCIES THE UNIVERSITY HAS COMPLETED MORE THAN $280 MILLION IN BUILDING CONSTRUCTION DURING THE PAST 14 YEARS, HELPING STIMULATE AND SUPPORT DOWNTOWN AND NEIGHBORHOOD DEVELOPMENT

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 16,455,299 including grants of $ 0) (Revenue $ 30,169,058)

4e **Total program service expenses** ▶$ 136,395,318

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☐

				Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	323			
b Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	2,364			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	Yes	
b If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			**9a**		
b Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	**11a**				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c Enter the amount of reserves on hand	**13c**				
14a Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 48				
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 45				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

SONIA ROMERO
401 W KENNEDY BLVD
TAMPA, FL 336061490
(813) 253-6235

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

Check if Schedule O contains a response to any question in this Part VII . . . .

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,983,244	0	498,601

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶60

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO CAMPUS FOOD SERVICE 401 W KENNEDY BLVD 62F TAMPA, FL 336061450	FOOD SERVICES	8,858,706
PETER R BROWN CONSTRUCTION INC PO BOX 4100 CLEARWATER, FL 337584100	CONSTRUCTION SERVICES	5,540,813
CROSSROADS CONSTRUCTION COMPANY PO BOX 1109 LAKELAND, FL 338021109	CONSTRUCTION SERVICES	3,924,861
SHILLING CONTRACTING INC 6807 S TRASK ST TAMPA, FL 336162522	BUILDING REPAIR & MAINTENANCE SERVICES	2,109,850
BECK 220 W 7TH AVE SUITE 200 TAMPA, FL 33609	CONSTRUCTION SERVICES	1,962,289

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶66

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . 1a	0				
	b Membership dues 1b	0				
	c Fundraising events 1c	0				
	d Related organizations . . . 1d	300				
	e Government grants (contributions) 1e	2,441,435				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	4,600,789				
	g Noncash contributions included in lines 1a-1f $	34,156				
	h **Total.** Add lines 1a-1f . . . . ▶		7,042,524			
Program Service Revenue		Business Code				
	2a TUITION AND FEES		137,875,662	137,875,662	0	0
	b EDUCATION RELATED AUXILIARY SALES		29,059,461	29,059,461	0	0
	c EDUCATIONAL SERVICES		316,700	316,700	0	0
	d STUDENT SERVICES		228,255	228,255	0	0
	e STUDENT AFFAIRS		136,092	136,092	0	0
	f All other program service revenue		103,337	103,337	0	0
	g **Total.** Add lines 2a–2f . . . . ▶		167,719,507			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,226,431	0	0	1,226,431
	4 Income from investment of tax-exempt bond proceeds . . ▶		0	0	0	0
	5 Royalties . . . . ▶		0	0	0	0
		(i) Real / (ii) Personal				
	6a Gross Rents	324,354 / 0				
	b Less rental expenses	785,510 / 0				
	c Rental income or (loss)	-461,156 / 0				
	d Net rental income or (loss) . . . . ▶		-461,156	0	0	-461,156
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	8,430,394 / 0				
	b Less cost or other basis and sales expenses	7,568,401 /				
	c Gain or (loss)	861,993 / 0				
	d Net gain or (loss) . . . . ▶		861,993	0	0	861,993
	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18 . . . a	0				
	b Less direct expenses . . . b	0				
	c Net income or (loss) from fundraising events . . ▶		0		0	0
	9a Gross income from gaming activities See Part IV, line 19 . a	0				
	b Less direct expenses . . . . b	0				
	c Net income or (loss) from gaming activities . . ▶		0	0	0	0
	10a Gross sales of inventory, less returns and allowances . a	0				
	b Less cost of goods sold . . b	0				
	c Net income or (loss) from sales of inventory . . ▶		0	0	0	0
	Miscellaneous Revenue	Business Code				
	11a SETTLEMENT PROCEEDS		1,109,597	1,109,597	0	0
	b PARKING/LIBRARY FINES		262,286	262,286	0	0
	c FORFEITED DEPOSITS		159,005	159,005	0	0
	d All other revenue		804,122	560,046	0	244,076
	e **Total.** Add lines 11a–11d . . . . . . ▶		2,335,010			
	12 **Total revenue.** See Instructions . . . ▶		178,724,309	169,810,441	0	1,871,344

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	38,012,967	38,012,967		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	34,400	34,400		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,907,040	666,789	1,240,251	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	52,652		52,652	
7 Other salaries and wages	39,737,706	33,875,272	4,692,753	1,169,681
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,210,218	1,761,473	377,152	71,593
9 Other employee benefits	6,127,590	4,648,652	1,290,025	188,913
10 Payroll taxes	2,869,324	2,412,081	377,613	79,630
a Fees for services (non-employees) Management	0			
b Legal	108,927		108,927	
c Accounting	189,916		189,916	
d Lobbying	19,200		19,200	
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	175,946		175,946	
g Other	16,271,947	15,226,527	992,446	52,974
12 Advertising and promotion	1,172,572	1,130,951	14,200	27,421
13 Office expenses	9,866,820	7,296,060	2,416,920	153,840
14 Information technology	2,843,130	2,179,378	663,752	
15 Royalties	547	547		
16 Occupancy	9,192,049	9,023,645	168,404	
17 Travel	1,816,526	1,717,283	66,897	32,346
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	235,911	188,834	43,595	3,482
20 Interest	4,672,570	4,672,570		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	10,395,137	6,601,220	3,793,917	
23 Insurance	2,705,653	1,713,761	991,892	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a BOOKS AND PERIODICALS	572,144	570,720	1,424	
b BAD DEBT EXPENSE	315,000	315,000		
c FACULTY/STAFF RECRUITING	270,772	262,981	7,746	45
d FEES AND DUES	253,994	116,652	126,436	10,906
e DISPOSAL OF ASSETS	642,471	642,471		
f All other expenses	3,325,084	3,325,084	0	0
25 **Total functional expenses.** Add lines 1 through 24f	155,998,213	136,395,318	17,812,064	1,790,831
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	17,748	1	17,706
	2	Savings and temporary cash investments	46,799,618	2	55,098,643
	3	Pledges and grants receivable, net	13,469,000	3	12,499,000
	4	Accounts receivable, net	2,442,470	4	1,738,921
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L	0	6	0
	7	Notes and loans receivable, net	2,233,198	7	2,094,282
	8	Inventories for sale or use	146,654	8	176,955
	9	Prepaid expenses and deferred charges	4,429,632	9	3,940,304
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a — 298,435,070			
	b	Less accumulated depreciation — 10b — 67,467,334	219,958,945	10c	230,967,736
	11	Investments—publicly traded securities	19,639,729	11	22,830,056
	12	Investments—other securities See Part IV, line 11	4,172,890	12	4,513,516
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	313,309,884	16	333,877,119
Liabilities	17	Accounts payable and accrued expenses	12,554,497	17	11,078,966
	18	Grants payable	0	18	0
	19	Deferred revenue	13,529,982	19	12,938,567
	20	Tax-exempt bond liabilities	93,685,000	20	90,755,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities Complete Part X of Schedule D	3,636,869	25	4,356,157
	26	**Total liabilities.** Add lines 17 through 25	123,406,348	26	119,128,690
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	154,123,241	27	178,246,530
	28	Temporarily restricted net assets	17,866,600	28	17,855,380
	29	Permanently restricted net assets	17,913,695	29	18,646,519
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	189,903,536	33	214,748,429
	34	Total liabilities and net assets/fund balances	313,309,884	34	333,877,119

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	178,724,309
2	Total expenses (must equal Part IX, column (A), line 25)	2	155,998,213
3	Revenue less expenses Subtract line 2 from line 1	3	22,726,096
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	189,903,536
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,118,797
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	214,748,429

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated 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	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number
59-0624459

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
THE UNIVERSITY OF TAMPA INCORPORATED	59-0624459

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ 0

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		20,040
j	Total lines 1c through 1i			20,040
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Description of other lobbying activities	Schedule C, Part II-B, Line 1i	THE UNIVERSITY OF TAMPA CONTRACTED CHRIS L FLOYD & ASSOCIATES TO LOBBY IN THE STATE HOUSE ON ITS BEHALF REGARDING ISSUES THAT AFFECT ALL PRIVATE NOT-FOR-PROFIT HIGHER EDUCATION INSTITUTIONS IN ADDITION, THE UNIVERSITY OF TAMPA PAYS DUES TO THE TAMPA CHAMBER OF COMMERCE AND THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES (NAICU) A PORTION OF THESE DUES IS USED FOR LOBBYING

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number
59-0624459

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 0

(ii) Assets included in Form 990, Part X ▶ $ 197,095

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

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

a [x] Public exhibition
d [x] Loan or exchange programs
b [ ] Scholarly research
e [ ] Other
c [x] Preservation for future generations

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	20,564,527	20,386,184	20,004,648		
b Contributions	2,203,729	49,040	439,413		
c Investment earnings or losses	891,325	796,453	555,278		
d Grants or scholarships	813,570	667,150	613,155		
e Other expenditures for facilities and programs	0	0	0		
f Administrative expenses	0	0	0		
g End of year balance	22,846,011	20,564,527	20,386,184		

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 18 381 %

b Permanent endowment ▶ 81 618 %

c Term endowment ▶ 0 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	25,000	19,859,652		19,884,652
b Buildings	718,448	234,809,654	49,630,628	185,897,474
c Leasehold improvements		7,542,916	1,908,498	5,634,418
d Equipment		33,524,228	15,928,208	17,596,020
e Other		1,955,172		1,955,172
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				230,967,736

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
AGENCY FUNDS PAYABLE	1,169,426
OBLIGATIONS UNDER CAPITAL LEASES	440,407
PRIVATE LOAN FUNDS PAYABLE	1,364,836
GOVERNMENTAL FUNDS PAYABLE	1,381,488
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,356,157

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	178,724,309
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	155,998,213
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	22,726,096
4	Net unrealized gains (losses) on investments	4	2,118,797
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-311,914
9	Total adjustments (net) Add lines 4 - 8	9	1,806,883
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	24,532,979

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	143,441,579
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,118,797		
b	Donated services and use of facilities	2b	36,276		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	785,510		
e	Add lines **2a** through **2d**			2e	2,940,583
3	Subtract line **2e** from line **1**			3	140,500,996
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	175,946		
b	Other (Describe in Part XIV)	4b	38,047,367		
c	Add lines **4a** and **4b**			4c	38,223,313
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	178,724,309

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	118,908,600
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	36,276		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,097,424		
e	Add lines **2a** through **2d**			2e	1,133,700
3	Subtract line **2e** from line **1**			3	117,774,900
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	175,946		
b	Other (Describe in Part XIV)	4b	38,047,367		
c	Add lines **4a** and **4b**			4c	38,223,313
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	155,998,213

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Collections of art - description of collections	Schedule D, Part III, Line 4	THE COLLECTIONS HELD BY THE UNIVERSITY OF TAMPA ARE PRIMARILY PAINTINGS, WHICH ARE HELD FOR THE PURPOSE OF ENRICHING THE STUDENTS' AND COMMUNITY'S KNOWLEDGE OF ART
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE ENDOWMENTS ARE MAINTAINED IN ACCORDANCE WITH DONOR RESTRICTIONS MOST OF THE UNIVERSITY'S ENDOWMENTS ARE USED FOR SCHOLARSHIPS
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	EFFECTIVE JUNE 1, 2009, THE UNIVERSITY ADOPTED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, (INCLUDED IN FASB ASC SUBTOPIC 740-10 - INCOME TAXES - OVERALL) THE ADOPTION HAD NO SIGNIFICANT IMPACT ON THE UNIVERSITY'S CONSOLIDATED FINANCIAL STATEMENTS THE UNIVERSITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ITS TAX POSITIONS TAKEN AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT COULD RESULT IN A MATERIAL IMPACT TO THE CONSOLIDATED FINANCIAL STATEMENTS
Other changes in net assets	Schedule D, Part XI, Line 8	CHANGE IN NET ASSETS OF CHF-TAMPA, LLC INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS - -311914,
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	RENTAL EXPENSES - 785510,
Other revenues in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	SCHOLARSHIPS - 38047367,
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	RENTAL EXPENSES - 785510, ACTIVITY OF CHF-TAMPA, LLC INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS - 311914,
Other expenses in form 990 not in audited financial statements	Schedule D, Part XIII, Line 4b	SCHOLARSHIPS - 38047367,

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SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number
59-0624459

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation
Financial aid or assistance from a governmental agency	Schedule E, Line 6a	THE UNIVERSITY OF TAMPA RECEIVES FINANCIAL AID AND ASSISTANCE FROM FEDERAL GOVERNMENTAL AGENCIES AS FOLLOWS PELL GRANTS, FSEOG, FWSP, FFEL, PERKINS LOANS, ACADEMIC COMPETITIVENESS GRANT, NATIONAL SCIENCE & MATHEMATICS TO RETAIN TALENT GRANT, TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION GRANT, FEDERAL DIRECT STUDENT LOANS, IRAQ & AFGHANISTAN SERVICE GRANT, IMPROVING TEACHER QUALITY STATE GRANT, UNDERGRAD INTERNATIONAL STUDIES, ROBERT BYRD, BUSINESS AND INTERNATIONAL PROJECTS, ADVANCE EDUCATION NURSING TRAINEESHIPS THE UNIVERSITY OF TAMPA RECEIVES FINANCIAL AID AND ASSISTANCE FROM STATE GOVERNMENTAL AGENCIES AS FOLLOWS FRAG, FSAG, FLORIDA BRIGHT FUTURES, FLORIDA MINORITY TEACHER EDUCATION, CHILDREN OF DECEASED OR DISABLED VETERANS PROGRAM, FLORIDA WORK EXPERIENCE PROGRAM, ETHICS IN BUSINESS

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number
59-0624459

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	TRAVEL ABROAD COURSES	45,786
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	SEMINARS/CONFERENCES	34,518
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	TRAVEL ABROAD COURSES	82,795
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SEMINARS/CONFERENCES	7,283
EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	TRAVEL ABROAD COURSES	788,636
EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	SEMINARS/CONFERENCES	16,459
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	SEMINARS/CONFERENCES	8,614
NORTH AMERICA (CANADA & MEXICO ONLY)			PROGRAM SERVICES	SEMINARS/CONFERENCES	7,758
RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM SERVICES	SEMINARS/CONFERENCES	8,615
SOUTH AMERICA			PROGRAM SERVICES	TRAVEL ABROAD COURSES	184,106
SOUTH AMERICA			PROGRAM SERVICES	SEMINARS/CONFERENCES	27,682
SOUTH ASIA			PROGRAM SERVICES	SEMINARS/CONFERENCES	20,028
SUB SAHARAN AFRICA			PROGRAM SERVICES	TRAVEL ABROAD COURSES	98,220
SUB SAHARAN AFRICA			PROGRAM SERVICES	SEMINARS/CONFERENCES	18,577
CENTRAL AMERICA AND THE CARIBBEAN			PASSIVE INVESTMENTS		2,345,521
EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTS		34,400
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					3,728,998

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 Part V 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 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 Part V 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)
SCHOLARSHIPS	EUROPE (INCLUDING ICELAND AND GREENLAND)	6	34,400	CREDIT	0	N/A	N/A

Part IV Foreign Forms

		Yes	No
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
Procedures for monitoring use of grant funds	Schedule F, Part I, Line 2	SCHOLARSHIPS AND TUITION ASSISTANCE ARE APPLIED DIRECTLY TO STUDENTS' TUITION ACCOUNTS NO CASH IS GIVEN TO STUDENTS ASSISTANCE MAY BE GRANTED ON THE BASIS OF NEED OR ON THE BASIS OF ACADEMIC OR TALENT QUALIFICATIONS

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

2010

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number
59-0624459

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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

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

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" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
See Additional Data Table					

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

Identifier	**Return Reference**	**Explanation**
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	SCHOLARSHIPS AND TUITION ASSISTANCE ARE APPLIED DIRECTLY TO STUDENTS' TUITION ACCOUNTS NO CASH IS GIVEN TO STUDENTS

Additional Data

Return to Form

Software ID: 10000128
Software Version: v2010.1.0
EIN: 59-0624459
Name: THE UNIVERSITY OF TAMPA INCORPORATED

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
NEED BASED FINANCIAL AID	1970	6,745,862	0	N/A	N/A
ATHLETIC AWARDS	196	1,565,371	0	N/A	N/A
TALENT AWARDS	220	336,625	0	N/A	N/A
UNIVERSITY OF TAMPA GRANTS	355	1,239,537	0	N/A	N/A
MERIT AWARDS	4800	25,310,867	0	N/A	N/A
GRAD ASSISTANTSHIPS	77	627,984	0	N/A	N/A
STIPENDS	170	480,046	0	N/A	N/A
FEDERAL GIFT AID	2555	1,706,675	0	N/A	N/A

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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, question 23.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number
59-0624459

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
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 duplicate copies 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				
(1) RONALD L VAUGHN	(i)	370,309	75,000	270,615	164,976	15,801	896,701	0
	(ii)	0	0	0	0	0	0	0
(2) ROBERT E FORSCHNER JR	(i)	103,659	60,000	6,953	7,083	11,249	188,944	0
	(ii)	0	0	0	0	0	0	0
(3) DONNA B POPOVICH	(i)	121,632	0	6,052	16,832	18,640	163,156	0
	(ii)	0	0	0	0	0	0	0
(4) JANET M MCNEW	(i)	243,484	14,000	14,891	28,375	10,463	311,213	0
	(ii)	0	0	0	0	0	0	0
(5) FARHAD F GHANNADIAN	(i)	197,472	0	3,749	19,488	19,091	239,800	0
	(ii)	0	0	0	0	0	0	0
(6) HAIG MARDIROSIAN	(i)	155,861	6,000	8,047	11,751	8,529	190,188	0
	(ii)	0	0	0	0	0	0	0
(7) BARBARA P STRICKLER	(i)	141,751	0	251,542	11,220	7,111	411,624	0
	(ii)	0	0	0	0	0	0	0
(8) DANIEL T GURA	(i)	189,670	0	7,141	34,005	14,613	245,429	0
	(ii)	0	0	0	0	0	0	0
(9) LINDA DEVINE	(i)	165,659	0	76,921	28,277	18,968	289,825	0
	(ii)	0	0	0	0	0	0	0
(10) RICHARD OGOREK	(i)	152,139	0	7,267	12,932	7,160	179,498	0
	(ii)	0	0	0	0	0	0	0
(11) DENNIS L NOSTRAND	(i)	237,295	20,000	52,797	12,173	19,864	342,129	0
	(ii)	0	0	0	0	0	0	0
(12)								
(13)								
(14)								
(15)								
(16)								

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

Identifier	Return Reference	Explanation
Travel for companions	Schedule J, Part I, Line 1a	LIMITED AND PRE-APPROVED TRAVEL IS PROVIDED TO THE SPOUSE OF THE UNIVERSITY'S PRESIDENT TO ATTEND EVENTS AND MEETINGS DURING WHICH THE SPOUSE'S PARTICIPATION BENEFITS THE UNIVERSITY THIS BENEFIT WAS NOT TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL
Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a	LINDA DEVINE, VICE PRESIDENT OF OPERATIONS AND PLANNING, RECEIVED A ONE-TIME PAYMENT OF $15,000 DURING THE YEAR, THE SURRENDER OF A LIFE INSURANCE POLICY INCREASED TAXABLE COMPENSATION, AND THEREFORE, A GROSS-UP PAYMENT WAS MADE TO COVER THE RELATED TAX LIABILITY THIS PAYMENT WAS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL
Housing allowance or residence for personal use	Schedule J, Part I, Line 1a	HOUSING ALLOWANCES ARE PROVIDED TO RONALD L VAUGHN, PRESIDENT, DENNIS NOSTRAND, VICE PRESIDENT OF ENROLLMENT, AND, JANET MCNEW, PROVOST, VICE PRESIDENT OF ACADEMIC AFFAIRS IN ADDITION, A HOUSING ALLOWANCE WAS PROVIDED TO ROBERT FORSCHNER, FORMER TREASURER, WHILE HE SERVED IN THAT CAPACITY THESE HOUSING ALLOWANCES ARE TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	SOCIAL CLUB DUES ARE PAID BY THE UNIVERSITY FOR THE PRESIDENT, RONALD L VAUGHN, AND THE VICE PRESIDENT OF UNIVERSITY DEVELOPMENT, DAN GURA DUES PAID FOR MR GURA AND MR VAUGHN ARE NOT TREATED AS TAXABLE COMPENSATION BECAUSE THEY ARE USED ONLY FOR BUSINESS PURPOSES THE CLUB DUES ARE INVOICED DIRECTLY TO THE UNIVERSITY AND APPROVED BY THE TREASURER THE BUSINESS PURPOSE FOR EACH USE OF THE SOCIAL CLUB IS DOCUMENTED AND KEPT ON FILE WITH THE INVOICES TO DOCUMENT THE BUSINESS USE OF THE SOCIAL CLUB
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	THE PRESIDENT, RONALD L VAUGHN, DEFERRED $137,890 THROUGH THE IRC SECTION 457(F) RETIREMENT PLAN THE SECRETARY, DONNA POPOVICH, DEFERRED $5,000 THROUGH THE IRC SECTION 457(F) RETIREMENT PLAN

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 in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number
59-0624459

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	(i) Pool financing Yes	(i) Pool financing No
A	CITY OF TAMPA FLORIDA	59-1101138	875231HX3	06-27-2006	45,572,211	CONSTRUCTION OF A NEW DORMITORY		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,035,000			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	45,572,211			
4	Gross proceeds in reserve funds	2,901,725			
5	Capitalized interest from proceeds	1,525,187			
6	Proceeds in refunding escrow	0			
7	Issuance costs from proceeds	492,500			
8	Credit enhancement from proceeds	1,089,972			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	39,562,827			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2007			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	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
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 that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		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?								
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 %							
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 %							
6	Total of lines 4 and 5	0 %							
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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge	0 0							
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC	0 0							
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							

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

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Name of the organization
THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number
59-0624459

Part I **Excess Benefit Transactions** (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	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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	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 of grant or type of assistance
(1) DISCOUNTED TUITION		77,374

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	No
(1) FICURMA	RICHARD OGOREK IS THE UNIVERSITY TREASURER AND IS A BOARD MEMBER OF FICURMA	2,101,664	PROPERTY & CASUALTY INSURANCE PREMIUMS		No
(2) SHERI OGOREK	RICHARD OGOREK IS THE UNIVERSITY TREASURER AND HIS SPOUSE IS AN EMPLOYEE OF THE UNIVERSITY	52,652	COMPENSATION		No
(3) TRIMAR CONSTRUCTION COMPANY	FAMILY MEMBER OF BETTY REINEMAN, TRUSTEE - PARTIAL YEAR, IS A KEY EMPLOYEE	418,758	CONSTRUCTION SERVICES		No
(4) TAMPA ARMATURE WORKS	JAMES A TURNER, III, TRUSTEE, IS THE PRESIDENT OF TAMPA ARMATURE WORKS	104,568	GENERATOR PURCHASE AND REPAIR SERVICES		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

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Name of the organization
THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number
59-0624459

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	5	34,156	MARKET VALUE
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ▶ (____________)				
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	0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 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		No
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	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
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.

Identifier	Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number
59-0624459

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	AUXILIARY SERVICES AT THE UNIVERSITY OF TAMPA OFFER THE STUDENTS DINING, A BOOKSTORE, STUDENT LIFE SERVICES AND VARIOUS ACTIVITIES THE PURPOSE OF THE AUXILIARY SERVICES OFFICE IS TO PROVIDE THE STUDENTS WITH SERVICES AND ACTIVITIES THAT TAKE PLACE OUTSIDE THE CLASSROOM, ENHANCING LIFE AT THE UNIVERSITY DINING SERVICES OFFER A VARIETY OF DINING VENUES FOR THE STUDENTS AND VISITORS CAMPUS HOUSING IS LIMITED AND IS OFFERED ONLY TO FULL TIME STUDENTS THE UNIVERSITY OF TAMPA HAS TEN RESIDENTIAL HALLS FROM WHICH TO CHOOSE VARIOUS ATHLETIC PROGRAMS ARE ALSO OFFERED FOR THE STUDENTS

Identifier	Return Reference	Explanation
MISSION STATEMENT	FORM 990, PART III, LINE 1	(CONTINUED FROM PART III) FOUR COLLEGES OFFER MORE THAN 140 PROGRAMS OF UNDERGRADUATE AND GRADUATE STUDY THROUGH A CORE CURRICULUM ROOTED IN A LIBERAL ARTS TRADITION THE UNIVERSITY IS COMMITTED TO THE DEVELOPMENT OF EACH STUDENT TO BECOME A PRODUCTIVE AND RESPONSIBLE CITIZEN

Identifier	Return Reference	Explanation
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	JAMES MACLEOD AND CHARLES SYKES AND JAMES K MURRAY, JR - BUSINESS RELATIONSHIP, JAMES L FERMAN, JR AND GARY W HARROD AND A D MACKINNON - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE UNIVERSITY'S TREASURER, COMPTROLLER, AND PAID PREPARER REVIEWED THE RETURN IN DETAIL WITH THE UNIVERSITY'S EXECUTIVE COMMITTEE AND CHAIRPERSONS OF THE UNIVERSITY'S STANDING COMMITTEES ON NOVEMBER 17, 2011 THEN THE EXECUTIVE COMMITTEE REPORTED ITS ACCEPTANCE OF THE RETURN TO THE BOARD OF TRUSTEES PRIOR TO THE RETURN BEING FILED A COPY OF THE RETURN WAS PROVIDED TO EACH VOTING TRUSTEE BEFORE IT WAS FILED

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	CONFLICT OF INTEREST SURVEYS ARE COMPLETED EACH YEAR BY EVERY MEMBER OF THE BOARD OF TRUSTEES, ALL OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES THE SURVEY RESULTS ARE REVIEWED BY THE VP OF OPERATIONS & PLANNING AND COMPILED TO PRODUCE AN OFFICIAL RECORD FOR THE INSTITUTION THAT IS HOUSED IN THE OFFICE OF ADMINISTRATION AND FINANCE THIS RECORD IS REVIEWED BY THE PRESIDENT, THE TREASURER, AND THE COMPTROLLER TO ASCERTAIN PERCEIVED CONFLICTS OF INTEREST AND DETERMINE ACTION STEPS, IF ANY IF THERE ARE ANY CONFLICTS OF INTEREST, THE BOARD MEMBER WITH THE CONFLICT WILL ABSTAIN FROM VOTING ON ISSUES RELATED TO THE CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE COMPENSATION OF THE PRESIDENT IS REVIEWED ANNUALLY BY A COMPENSATION COMMITTEE WHICH IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES THE COMMITTEE USES COMPARABILITY DATA, INCLUDING COMPENSATION STUDIES AND THE WORK OF AN INDEPENDENT CONSULTANT, TO DETERMINE THE COMPENSATION OF THE PRESIDENT THE DECISIONS OF THE COMMITTEE ARE DOCUMENTED IN THE MINUTES OF THE COMMITTEE AND OF THE BOARD AND IN A LETTER SENT TO THE PRESIDENT THIS REVIEW PROCESS WAS LAST UNDERTAKEN IN SEPTEMBER, 2010

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY AN INDEPENDENT COMPENSATION COMMITTEE WHICH INCLUDES THE PRESIDENT AND FOUR MEMBERS OF THE BOARD OF TRUSTEES - THE CHAIR, VICE-CHAIR, SECRETARY, AND PAST-CHAIR THE COMMITTEE USES COMPARABILITY DATA, INCLUDING COMPENSATION STUDIES AND THE WORK OF AN INDEPENDENT CONSULTANT THE DECISIONS OF THE COMMITTEE ARE DOCUMENTED IN ITS MINUTES AND ARE PRESENTED TO THE BOARD OF TRUSTEES AS A COMMITTEE REPORT THIS REVIEW PROCESS WAS LAST UNDERTAKEN IN SEPTEMBER, 2010

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 2118797,

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
2010
Open to Public Inspection

Name of the organization
THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number
59-0624459

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	(g) Section 512(b)(13) controlled organization Yes	No
(1) THE CHISELERS INC PO BOX 13895 TAMPA, FL 33681 59-6200154	SUPPORT OF UT	FL	501(C)(3)	11 - Type III - FI	NA		

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)** Disproprtionate allocations?		**(i)** Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
							Yes	**No**		**Yes**	**No**	

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

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

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

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

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	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete ıf the organızatıon answered "Yes" on Form 990, Part IV, lıne 37.)

Provıde the followıng ınformatıon for each entıty taxed as a partnershıp through whıch the organızatıon conducted more than fıve percent of ıts actıvıtıes (measured by total assets or gross revenue) that was not a related organızatıon See ınstructıons regardıng exclusıon for certaın ınvestment partnershıps

(a) Name, address, and EIN of entıty	(b) Prımary actıvıty	(c) Legal domıcıle (state or foreıgn country)	(d) Are all partners section 501(c)(3) organızatıons?		(e) Share of end-of-year assets	(f) Dısproprtıonate allocatıons?		(g) Code V—UBI amount ın box 20 of Schedule K-1 (Form 1065)	(h) General or managıng partner?	
			Yes	No		Yes	No		Yes	No

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID: 10000128
Software Version: v2010.1.0
EIN: 59-0624459
Name: THE UNIVERSITY OF TAMPA INCORPORATED

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KYLE BAILEY TRUSTEE	1	X						0	0	0
LEO BERMAN TRUSTEE	1	X						0	0	0
ANTHONY J BORRELL JR TRUSTEE	1	X						0	0	0
CHRISTINE M BURDICK TRUSTEE	1	X						0	0	0
ROBERT M THOMAS TRUSTEE - PARTIAL YEAR	1	X						0	0	0
PHILLIP E CASEY TRUSTEE	1	X						0	0	0
VELVA W CLARK TRUSTEE	1	X						0	0	0
PAULINE B CRUMPTON TRUSTEE	1	X						0	0	0
O REX DAMRON TRUSTEE	1	X						0	0	0
DON DEFOSSET CHAIR	1	X		X				0	0	0
JAMES L FERMAN JR SECRETARY	1	X		X				0	0	0
RICHARD C ELIAS TRUSTEE	1	X						0	0	0
KYLE PARKS TRUSTEE - PARTIAL YEAR	1	X						0	0	0
GEORGE F GRAMLING III TRUSTEE	1	X						0	0	0
LORNA TAYLOR TRUSTEE	1	X						0	0	0
ROBERT D GRIES JR TRUSTEE	1	X						0	0	0
CATHY BELLATIN TRUSTEE - PARTIAL YEAR	1	X						0	0	0
GREGG H ROSEN TRUSTEE - PARTIAL YEAR	1	X						0	0	0
JAMES K MURRAY JR TRUSTEE - PARTIAL YEAR	1	X						0	0	0
ROBERT E HOYLAND TRUSTEE	1	X						0	0	0
BOB BUCKHORN TRUSTEE - PARTIAL YEAR	1	X						0	0	0
WILLIAM H MCGILL JR TRUSTEE - PARTIAL YEAR	1	X						0	0	0
HELEN T KERR TRUSTEE	1	X						0	0	0
EDWARD M KOBEL TRUSTEE	1	X						0	0	0
SUSAN LEISNER TRUSTEE	1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES E MACDOUGALD TRUSTEE	1	X						0	0	0
IAN MACKECHNIE TRUSTEE	1	X						0	0	0
AD MACKINNON TRUSTEE	1	X						0	0	0
GARY W HARROD TRUSTEE - PARTIAL YEAR	1	X						0	0	0
THILO D BEST TRUSTEE - PARTIAL YEAR	1	X						0	0	0
ROY J MCCRAW JR TRUSTEE - PARTIAL YEAR	8	X						23,338	0	0
EUGENE H MCNICHOLS PAST CHAIR	1	X		X				0	0	0
SIDNEY W MORGAN TRUSTEE	1	X						0	0	0
PAMELA ROSEN TRUSTEE - PARTIAL YEAR	1	X						0	0	0
AL VAN VORIS TRUSTEE - PARTIAL YEAR	1	X						0	0	0
NATALIE SIDOR TRUSTEE - PARTIAL YEAR	1	X						0	0	0
ROBERT ROHRLACK JR TRUSTEE	1	X						0	0	0
ALLEN R BRINKMAN II TRUSTEE - PARTIAL YEAR	1	X						0	0	0
CRAIG STURKEN TRUSTEE	1	X						0	0	0
CHARLES E SYKES TRUSTEE	1	X						0	0	0
JAMES A TURNER III TRUSTEE	1	X						0	0	0
CATHY L UNRUH TRUSTEE	1	X						0	0	0
R VIJAYANAGAR TRUSTEE	1	X						0	0	0
JOHN B WEST VICE CHAIR	1	X		X				0	0	0
JOHN MCRAE WOLFE TRUSTEE	1	X						0	0	0
RONALD L VAUGHN PRESIDENT	40	X		X				715,924	0	180,777
ROBERT E FORSCHNER JR FORMER TREASURER	40						X	170,612	0	18,332
DONNA B POPOVICH SECRETARY	40			X				127,684	0	35,472
JANET M MCNEW PROVOST, VP ACADEMIC AFFAIRS	40				X			272,375	0	38,838
FARHAD F GHANNADIAN DEAN	40					X		201,221	0	38,579

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HAIG MARDIROSIAN DEAN	40					X		169,908	0	20,280
BARBARA P STRICKLER SPECIAL ASSISTANT TO THE PRESIDENT	40					X		393,293	0	18,331
DANIEL T GURA VP UNIVERSITY DEVELOPMENT	40					X		196,811	0	48,618
LINDA DEVINE VP OPERATIONS & PLANNING	40					X		242,580	0	47,245
BLAKE J CASPER TRUSTEE - PARTIAL YEAR	1	X						0	0	0
MICHAEL S SOUTHARD TRUSTEE - PARTIAL YEAR	1	X						0	0	0
A WILLIAM GOEDE TRUSTEE - PARTIAL YEAR	1	X						0	0	0
RICHARD OGOREK TREASURER	40			X				159,406	0	20,092
DENNIS L NOSTRAND VP ENROLLMENT	40				X			310,092	0	32,037
ROBERT C CALAFELL TRUSTEE - PARTIAL YEAR	1	X						0	0	0
MAUREEN RORECH DUNKEL TRUSTEE - PARTIAL YEAR	1	X						0	0	0
JOHN W HARVEY TRUSTEE - PARTIAL YEAR	1	X						0	0	0
MARY-PHYLLIS HARVEY TRUSTEE - PARTIAL YEAR	1	X						0	0	0
SUE HOUSE TRUSTEE - PARTIAL YEAR	1	X						0	0	0
PAM IORIO TRUSTEE - PARTIAL YEAR	1	X						0	0	0
TIFFANY JAYCOX TRUSTEE - PARTIAL YEAR	1	X						0	0	0
JAMES S MACLEOD TRUSTEE - PARTIAL YEAR	1	X						0	0	0
RONALD MCCLARIN TRUSTEE - PARTIAL YEAR	1	X						0	0	0
NEIL J RAUENHORST TRUSTEE - PARTIAL YEAR	1	X						0	0	0
BETTY REINEMAN TRUSTEE - PARTIAL YEAR	1	X						0	0	0
ROSS E ROEDER TRUSTEE - PARTIAL YEAR	1	X						0	0	0
DAVID C RUBERG TRUSTEE - PARTIAL YEAR	1	X						0	0	0

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 16,455,299 including grants of $ 0) (Revenue $ 30,169,058)

AUXILIARY SERVICES AT THE UNIVERSITY OF TAMPA OFFER THE STUDENTS DINING, A BOOKSTORE, STUDENT LIFE SERVICES AND VARIOUS ACTIVITIES THE PURPOSE OF THE AUXILIARY SERVICES OFFICE IS TO PROVIDE THE STUDENTS WITH SERVICES AND ACTIVITIES THAT TAKE PLACE OUTSIDE THE CLASSROOM, ENHANCING LIFE AT THE UNIVERSITY DINING SERVICES OFFER A VARIETY OF DINING VENUES FOR THE STUDENTS AND VISITORS CAMPUS HOUSING IS LIMITED AND IS OFFERED ONLY TO FULL TIME STUDENTS THE UNIVERSITY OF TAMPA HAS TEN RESIDENTIAL HALLS FROM WHICH TO CHOOSE VARIOUS ATHLETIC PROGRAMS ARE ALSO OFFERED FOR THE STUDENTS