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DLN: 93493342007292

Department of the Treasury

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)

2011

OMB No 1545-0047

Open to Public

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

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 401 W Kennedy Blvd City or town, state or country, and ZIP + 4 Tampa, FL 336061490 F Name and address of principal officer RONALD L VAUGHN 401 W Kennedy Blvd Tampa, FL 336061490 pt status	7(a)(1) or 527	H(a) Is this a groaffiliates? H(b) Are all affiliates If "No," atta H(c) Group exer	oup returnates include ach a list appropriate inption number 1931	### state of legal domicile FL
Doing Business As Number and street (or P O box if mail is not delivered to 401 W Kennedy Blvd City or town, state or country, and ZIP + 4 Tampa, FL 336061490 F Name and address of principal officer RONALD L VAUGHN 401 W Kennedy Blvd Tampa, FL 336061490 pt status 501(c)(3) 501(c)() (insert no) 494 : WWW UT EDU panization Corporation Trust Association Other Summary Briefly describe the organization's mission or most signification Trust Signification Signification Trust Signification Signification Trust Trust Signification Trust Signification Trust Signification Signification Trust Signification Trust Trust Signification Trust Significa	7(a)(1) or 527	H(a) Is this a graffiliates? H(b) Are all affiliates If "No," attack H(c) Group exer	ephone nu. 3) 253- ss receipts oup return tes includ ach a list nption nu	#####################################
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401 W Kennedy Blvd Tampa, FL 336061490 pt status 501(c)(3) 501(c)() (insert no) 494 : WWW UT EDU anization Corporation Trust Association Other Summary Briefly describe the organization's mission or most signification of the UNIVERSITY OF TAMPA IS COMMITTED TO THE AND RESPONSIBLE CITIZEN	cant activities	H(b) Are all affilia If "No," atta H(c) Group exer L Year of formation	ach a list nption nu	led?
Tampa, FL 336061490 pt status	cant activities	If "No," atta H(c) Group exer	ach a list nption nu	(see instructions) imber 🕨 ¶ State of legal domicile FL
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THE UNIVERSITY OF TAMPA IS COMMITTED TO THE AND RESPONSIBLE CITIZEN		EACH STUDENT TO	BECOM	E A PRODUCTIVE
Check this box 🛏 if the organization discontinued its op				
Check this box 🔭 if the organization discontinued its op				
Check this box দ if the organization discontinued its op				
	perations or disposed	of more than 25% of	ıts net a	ssets
Number of voting members of the governing body (Part V:	I, lıne 1a)	•	3	4 9
Number of independent voting members of the governing	body (Part VI, line 1b)	4	47
			5	2,494
			<u> </u>	800
·			-	C
Net unrelated business taxable income from Form 990-1	, line 34	D-iV	7b	C
Contributions and grants (Doub VIII line 1b)			2 5 2 4	Current Year 15,713,129
				182,720,614
				1,208,843
			3,034	723,130
12)	<u> </u>	178,72		200,365,782
· · · · · · · · · · · · · · · · · · ·	·	38,04		42,269,684
			0	0
	IX, column (A), lines	52,90	4,530	55,093,418
•	11e)		0	0
Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{1,928,2}{1}$	10			
Other expenses (Part IX, column (A), lines 11a-11d, 1	l1f-24e)	65,04	6,316	72,775,074
Total expenses Add lines 13-17 (must equal Part IX,	column (A), line 25)	155,99	8,213	170,138,176
Revenue less expenses Subtract line 18 from line 12				30,227,606
		Beginning of Cu Year	rrent	End of Year
Total assets (Part X, line 16)		333,87	7,119	401,525,804
Total liabilities (Part X, line 26)		119,12	8,690	159,466,062
Net assets or fund balances Subtract line 21 from line	20	214,74	8,429	242,059,742
Signature Block				
ties of perjury, I declare that I have examined this return, inc				
*****		2012-12-0)7	
Signature of officer		Date		
RONALD VAUGHN PRESIDENT				
Type or print name and title				
riepalei s				yer identification number
signature Geralyn Hurd				5)
Firm's name (or yours CROWE HORWATH LLP		· · · · · · · · · · · · · · · · · · ·		
If self-employed), address, and ZIP + 4 101 E Kennedy Blvd		EIN	•	
Suite 1250		Phon	e no 🕨 (8	313) 223-1316
	Total number of individuals employed in calendar year 20 total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column let unrelated business taxable income from Form 990-T Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, 4, 4, 4, 5, 6, 6, 8c, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	otal number of individuals employed in calendar year 2011 (Part V, line 2a) otal number of volunteers (estimate if necessary)	total unrelated business revenue from Part VIII, column (C), line 12	total number of individuals employed in calendar year 2011 (Part V, line 2a)

)					Г	aye
Par		nt of Program Serv hedule O contains a resp			· · · · · · · · · · · · · · · · · · ·		
1	Briefly describe th	ne organization's mission	1				
THE	UNIVERSITY OF T	AMPA IS A COMPREHE	NSIVE, INDE	PENDENT UNIVERS	ITY THAT DELIVERS (CHALLENGING AND HIGH	
QUA	LITY EDUCATION	AL EXPERIENCES TO A	DIVERSE GR	OUP OF LEARNERS	(CONTINUED IN SCH	EDULE 0)	
2	Did the organization	on undertake any signific) or 990-EZ?	ant program se		ar which were not listed	on	
	If "Yes," describe	these new services on S	chedule O				
3	Did the organization services?	on cease conducting, or i	make sıgnıfıcaı	nt changes in how it c	onducts, any program		
	If "Yes," describe	these changes on Sched	ule O				
4	expenses Section	nization's program servic 501(c)(3) and 501(c)(4 ions to others, the total 6) organization:	s and section 4947 (a	a)(1) trusts are required	to report the amount of	
4a	(Code) (Expenses \$	54,277,703	ıncludıng grants of \$) (Reven	nue \$ 150,336,310)	
	DURING 2011, AND T LEADERSHIP, INTERN PROMOTES STRONG	THE MFA IN CREATIVE WRITIN NATIONAL AND EXPERIENTIAL I	G GRADUATE PRO LEARNING THE UI MMUNITY AND IN	OGRAM COMMENCED THE NIVERSITY IS COMMITTED	UNIVERSITY HAS CONTINUE TO PROVIDING A CAMPUS-L	ACADEMIC MAJORS WERE INTROD D TO INTENSIFY THE FOCUS ON EARNING ENVIRONMENT THAT O BE GLOBAL CITIZENS FACULTY-I	
4b	(Code) (Expenses \$	42,269,684	ıncludıng grants of \$	42,269,684) (Reve	nue \$)	
						ASSISTS QUALIFIED STUDENTS WIT DF FINANCIAL AID ASSISTANCE	ГН
	(Code) (Expenses \$	32,333,501	ıncludıng grants of \$) (Reven	nue \$ 1,118,982)	
	THE ORGANIZATION'S COUNTRIES THE UN ORGANIZATIONS, FAC	S ROLE AS A MAJOR INTELLECT IVERSITY OF TAMPA'S STUDEN	TUAL TALENT IMPO ITS THROUGH PEA OXIMATELY 200 C	ORTER FOR TAMPA BAY V ACE VOLUNTEER CENTER OMMUNITY AGENCIES TH	VE DRAW STUDENTS FROM A COORDINATE THE VOLUNTEE IE UNIVERSITY HAS COMPLET	R EFFORTS OF STUDENTS, STUDEI ED MORE THAN \$330 MILLION IN	
	(Code) (Expenses \$	20,661,203	including grants of \$) (Reven	nue \$ 32,079,209)	
	AUXILIARY SERVICES PURPOSE OF THE AU ENHANCING LIFE AT AND IS OFFERED ON	AT THE UNIVERSITY OF TAMF XILIARY SERVICES OFFICE IS THE UNIVERSITY DINING SER	PA OFFER THE STUTO PROVIDE THE EVICES OFFER A VITHE UNIVERSITY OF	JDENTS DINING, A BOOKS STUDENTS WITH SERVICE ARIETY OF DINING VENUE	STORE, STUDENT LIFE SERVICES AND ACTIVITIES THAT TAKES FOR THE STUDENTS AND N	CES AND VARIOUS ACTIVITIES THE E PLACE OUTSIDE THE CLASSROOM //SITORS CAMPUS HOUSING IS LIN TO CHOOSE VARIOUS ATHLETIC	Μ,
	·						
4d		ervices (Describe in Sch					
	(Expenses \$	20,661,203 inc	luding grants o	of \$) (Revenue \$	32,079,209)	
4e	Total program se	rvice expenses►\$	149,542,09	91			

art IV	Check	klist 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^{\bullet}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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 for which 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? <i>If "Yes," complete Schedule D, Part II</i>	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet}	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	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
	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
е	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	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part III and IV \blacksquare	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? <i>If</i> "Yes," complete Schedule G, Part I	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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t 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 questions 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)			
а	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	
С	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 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? <i>If</i> "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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b	_	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	· · · · · · · · · · · · · · · · · · ·			
	1a 280			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1 b 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	
a	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Tracleast one is reported on line 2a, did the organization me an required lederal 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)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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 or securities	4a	.,	
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country \blacktriangleright^{CJ}			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	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?			
		5с		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
_	organization solicit any contributions that were not tax deductible?			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	OD		
_		.		NI -
а	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
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
C	file Form 8282?	7c		Νo
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_
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
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		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	7		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	70		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	222.222 against amounts and of received from them / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, [
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	, [
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
		ا ا		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_
L	If "Vac " has it filed a Form 720 to report these nauments? If "No " provide an evaluation in Schodule O	446		

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.

Se	ection A. Governing Body and Management			
			Yes	No
1_	Enter the number of voting members of the governing hady at the and of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
а	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	45:		
<u> </u>	ection C. Disclosure	16b		
<u>5e</u> 17				
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

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 made these available. Check all that apply

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made 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

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

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

1a Complete this table for all persons required to be listed 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, or 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

(A) Name and Title	(B) Average hours per week (describe	A verage hours more than one box, unless person is both week an officer and a director/trustee)								(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related	
	for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former			MISC)		organiza	
See Additional Data Table													
-													
											4		
											4		
											4		
											+		
1b Sub-Total	<u> </u>						<u> </u> ▶				1		
c Total from continuation shee							P						
d Total (add lines 1b and 1c) .							-		2,679,421		0		478,634
Total number of individuals (ii \$100,000 of reportable comp	-				ed a	above) who	o received	more tha	ın 			
3 Did the organization list any f on line 1a? If "Yes," complete.				e, ke	eye •	mploy •	ee, d	or highest	compens	ated employee	3	Yes	No No
4 For any individual listed on lin organization and related organization											4		110
5 Did any person listed on line : services rendered to the orga										or individual for	5	1	No
Section B. Independent Co	ontractors												
Complete this table for your fi \$100,000 of compensation fr or within the organization's ta	ve highest comper om the organizatio												
	(A) Name and business ad	dress							Desc	(B) ription of services		(C Comper	
SODEXO CAMPUS FOOD SERVICE 401 W KENNEDY BLVD BOX 62F TAMPA, FL 336061450								F	OOD SERVI	CES		10	,169,884
CROSSROADS CONSTRUCTION COMPANY PO BOX 1109 LAKELAND, FL 338021109								С	ONSTRUCT	ION SERVICES		3	3,776,801
SHILLING CONTRACTING INC 6807 S TRASK ST TAMPA, FL 336162522									UILDING RI ERVICES	EPAIR & MAINTENAN	ICE	1	.,894,923
PETER R BROWN CONSTRUCTION INC 13830 58TH ST N STE 401 CLEARWATER, FL 337603720								С	ONSTRUCT	ION SERVICES		1	.,066,555
LAVANDERA ELECTRIC COMPANY PO BOX 15715								E	LECTRICAL	INFRASTRUCTURE			785,068
AMPA, FL 336845715 2 Total number of independent contractors (including but not limited to those listed above) who received more than													

Part V	/##	Statement o	f 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
# #	1a	Federated camp	paigns 1a	0				
듄	ь	Membership du	es 1b	0				
₽,Ę	l c	Fundraising eve	ents 1c	0				
±a ≓a	d	_	rations 1d	384,759				
Contributions, gifts, grants and other similar amounts	e	Government grants		1,301,172				
Si.	f	_	ons, gifts, grants, and 1f	14,027,198		ļ		
重量	l '	sımılar amounts no	ot included above					
운항	g		butions included in 7.112					
<u> </u>	h	lines 1a-1f \$	s 1a-1f	•	15,713,129			
<u> </u>	⊢"	Total. Add filles	5 1a-11		13,713,123			
e E				Business Code				
e.	2a	TUITION AND FEES	<u> </u>	900099	149,920,161	149,920,161	0	0
æ	Ь	EDUCATION RELAT	ED AUXILIARY SALES	900099	32,017,124	32,017,124	0	0
9	C	EDUCATIONAL SER	VICES	611710	313,872	313,872	0	0
ja Se	d	STUDENT SERVICE	S	611710	184,768	184,768	0	0
အ ≔	e	STUDENT AFFAIRS		900099	167,346	167,346	0	0
Program Service Revenue	f	All other progra	am service revenue		117,343	117,343	0	0
ž	g	Total. Add lines	s 2a – 2f		182,720,614			
	3		ome (including dividen		·			
			aramounts)		1,273,654	0	0	1,273,654
	4	Income from inves	tment of tax-exempt bond	proceeds . 🕨	0	0	0	0
	5	Royalties		▶ [23,242	0	0	23,242
			(ı) Real	(11) Personal				
	6a	Gross rents	364,511	0				
	b	Less rental expenses	787,981	0				
	c	Rental income	-423,470	0				
	d	or (loss)	me or (loss)		-423,470	o	o	-423,470
	"		(ı) Securities	(II) Other	,	-	_	,
	7a	Gross amount from sales of assets other	6,621,008	0				
	ь	than inventory Less cost or other basis and	6,685,819	0				
		sales expenses						
	c	Gain or (loss)	-64,811	0				
	d	Net gain or (los	s)		-64,811	0	0	-64,811
e n	8a	Gross income fi events (not incl \$						
Other Revenue			reported on line 1c)					
畵			a	0				
Ť	b		penses b	0			0	
0	C		(loss) from fundraising	events F	U		U	0
	9a	Gross income fi See Part IV, lin	rom gaming activities					
		,	а	0				
	ь	Less direct ex	penses b	0				
	c	Net income or ((loss) from gamıng acti	vities	0	0	0	0
	10a	Gross sales of returns and allo						
			a	0				
	b	_	oods sold b	0				
	С		(loss) from sales of inv		0	0	0	0
		Miscellaneous		Business Code	340.045	310.045	ء ا	
	11a	PARKING/LIBE		900099	210,045	210,045	0	0
	b	HEALTH CENT	ER FEES	621400	161,479	0	0	161,479
	С	VENDING/LAU		900099	148,058	0	0	148,058
	d	All other revenu	ue		603,842	603,842	0	0
	е	Total. Add lines	s 11a-11d		1,123,424			
	12	Total revenue.	See Instructions .	•	200,365,782	183,534,501	0	1,118,152 Form 990 (2011)

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) Check if Schedule O contains a response to any question in this Part IX

			(D)	(6)	<u>(D)</u>
	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	42,248,096	42,248,096		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	21,588	21,588		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,049,128	787,235	1,261,893	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	67,317		67,317	
7	Other salaries and wages	41,468,284	35,681,105	4,586,223	1,200,956
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,315,287	1,852,421	384,875	77,991
9	Other employee benefits	6,194,511	4,660,631	1,298,204	235,676
10	Payroll taxes	2,998,891	2,549,418	368,649	80,824
11	Fees for services (non-employees)	2,550,051	2,513,110	230,013	
a	Management	0			
b	Legal	243,875		243,875	
c	Accounting	202,261		202,261	
d	Lobbying	19,200		19,200	
e	Professional fundraising See Part IV, line 17	0		13,200	
f	Investment management fees	195,990		195,990	
g	Other	18,391,647	17,550,927	783,558	57,162
12	Advertising and promotion	2,413,391	1,542,463	845,202	25,726
13	Office expenses	10,030,888	7,528,618	2,307,613	194,657
14	Information technology	3,254,681	2,289,694	964,987	151,037
15	Royalties	14,127	14,127	304,307	
16	Occupancy	12,002,797	11,891,018	111,779	
17	Travel	1,818,303		49,278	34,594
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	1,731,131	13,270	31,331
19	Conferences, conventions, and meetings	299,092	233,799	58,490	6,803
20	Interest	4,588,617	4,588,617		_
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,983,145	6,281,825	3,701,320	_
23	Insurance	3,073,490	1,986,397	1,087,093	
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	DISPOSAL OF ASSETS	2,071,712	2,071,712		
b	BOOKS AND PERIODICALS	544,323	537,202	7,121	
С	BAD DEBT EXPENSE	265,000	265,000		
d	FEES AND DUES	260,553	123,785	122,947	13,821
e					
f	All other expenses	3,101,982	3,101,982	0	0
25	Total functional expenses. Add lines 1 through 24f	170,138,176	149,542,091	18,667,875	1,928,210
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			rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 17,706 17,706 1 1 55.098.643 65.950.297 2 2 Savings and temporary cash investments 3 12,499,000 13,437,000 1.738.921 2.643.888 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 2,094,282 1,977,105 7 176.955 8 181.019 5,554,101 9 3,940,304 Prepaid expenses and deferred charges 10a 352,575,723 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 76,358,459 b Less accumulated depreciation 230,967,736 10c 276,217,264 22,830,056 11 30,366,294 11 4,513,516 5,181,130 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 0 0 14 14 15 0 15 333,877,119 401,525,804 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 11,078,966 17 16,696,971 17 Accounts payable and accrued expenses . 18 18 0 19 12,938,567 19 11,575,450 20 90.755.000 20 126.481.332 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 4,356,157 4,712,309 25 D 26 119,128,690 26 159,466,062 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 178,246,530 **27** 202,633,694 Unrestricted net assets 17,855,380 28 19,895,492 28 Temporarily restricted net assets Fund 29 18,646,519 29 19,530,556 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 214,748,429 33 242,059,742 34 Total liabilities and net assets/fund balances 333.877.119 34 401.525.804

Pai	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		200.3	365,78
2	Total expenses (must equal Part IX, column (A), line 25)				138,17
3	3 Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		214,7	748,42
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2,9	916,29
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))				59,74
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
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 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 its Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	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?				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Public Charity Status and Public Support

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

Employer identification number

THE UNIVERSITY OF TAMPA INCORPORATED 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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 Seesection 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 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	Is the organizat col (i) lis your gove	(iv) Is the inization in i) listed in governing cument? (v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No]
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493342007292

OMB No 1545-0047

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.

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

- ◆ 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

Se	ction 527 organizations Complete	e Part I-A only				
	the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then					
		have filed Form 5768 (election under s				
Se	ction 501(c)(3) organizations that	t have NOT filed Form 5768 (election ur	nder section 501(h	n)). Complete Part II-B Dor	not complete Part Il-A	
the	e organization answered "Ye	s," to Form 990, Part IV, Line 5 (Pro	xy Tax) or Form	990-EZ, line 35c (Proxy	/ Tax), then	
Se	ction 501(c)(4), (5), or (6) organi	zations Complete Part III			•	
	me of the organization			Employer ider	ntıfıcatıon number	
THE	UNIVERSITY OF TAMPA INCORPORATE	D		50.0604450		
١٥.	AT A Complete if the or	ganization is exempt under s	oction FO1/o	59-0624459		
ĊЦ	t I-A Complete if the or	ganization is exempt under s	section 501(c)	or is a section 527	organization.	
L	Provide a description of the or- in opposition to candidates for	ganization's direct and indirect politic public office in Part IV	al campaign activ	rities on behalf of or		
2	Political expenditures			▶	\$	
3	V olunteer hours				'	
ar	t I-B Complete if the or	ganization is exempt under s	ection 501(c))(3).		
L	Enter the amount of any excise	e tax incurred by the organization und	er section 4955	▶	\$	
2	Enter the amount of any excise	e tax incurred by organization manage	rs under section	4 955 ▶	\$	
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720) for this year?		┌ Yes ┌ No	
1 a	Was a correction made?				┌ Yes ┌ No	
Ь	If "Yes," describe in Part IV					
ar	t I-C Complete if the or	ganization is exempt under s	ection 501(c	except section 50	1(c)(3).	
L	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exempt	function activities 🕨	\$	
2	Enter the amount of the filing o	rganization's funds contributed to oth	er organizations f	for section 527		
	exempt funtion activities			►	\$	
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17b ►	¢	
1	Did the filing organization file I	Form 1120-POL for this year?			↑ — Yes	
5	3 3	nd employer identification number (EI	N) of all section 5	27 political organization	s to which the filing	
•	organization made payments l	For each organization listed, enter the	amount paid from	n the filing organization's	funds Also enter the	
		ns received that were promptly and di political action committee (PAC) If a				
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of political	
				filing organization's	contributions received	

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

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia 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 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) 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.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
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Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

•			
Part II-B	Complete if the organ	zation is exempt under section 501(c)(3) and has NOT filed Forr	n 5768
	(election under section	n 501(h)).	

		(a)		(b)
		Yes	No	Amount
L	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			
а	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?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		19,200
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		785
j	Total lines 1c through 1i			19,985
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		ľ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
10.	\star TIT-A. Complete if the examination is example under section $EO1(c)(A)$ section	<u>ΕΩ1/α</u>	VEL	- coction

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).		
а	Current year	2a	
b	Carryover from last year	2b	

- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

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 the activities reported on Lines 1a through 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

2c

3

4

5

Department of the Treasury

DLN: 93493342007292

OMB No 1545-0047

SCHEDULE D (Form 990) **Supplemental Financial Statements**

> ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

ntema	al Revenue Service ► Attach to Fo	orm 990. ► See separate instructions.		Inspect	ion
	nme of the organization E UNIVERSITY OF TAMPA INCORPORATED		Employer identif	ication numbe	r
1111	E ONIVERSITY OF TAPIFA INCORPORATED		59-0624459		
Pa	ort I Organizations Maintaining Donor Ac	dvised Funds or Other Similar Fu	ınds or Accoun	ts. Complet	e if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(h) Funds and	d other accou	nts
1	Total number at end of year	(a) Bollot advised falles	(b) runus un	a other accou	1103
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 advifunds are the organization's property, subject to the	3	oradvised	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			☐ Yes	┌ No
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Part	IV, line 7.	
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitating Preservation of open space Complete lines 2a-2d if the organization held a qualice easement on the last day of the tax year	on or pleasure)	ertified historic str		a
	,	Γ	Held at t	he End of the	Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) a	equired after 8/17/06	2d		
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminated	d by the organization	on during	
	the taxable year 🗠				
4	Number of states where property subject to conserva	ation easement is located 🛌			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, a	nd Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the yea	r ►	
7	Amount of expenses incurred in monitoring, inspectines \$\blue\$ \$	ng, and enforcing conservation easements	during the year		
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect	tion	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial			
Par	rt IIII Organizations Maintaining Collectio Complete If the organization answered '		or Other Simila	r Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of		<u>.</u>
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in			
	(i) Revenues included in Form 990, Part VIII, line 1		► \$		0
	(ii) Assets included in Form 990, Part X		► \$	19	97,095
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r financial gain, pro	vide the	_
а	Revenues included in Form 990, Part VIII, line 1		► \$		

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Art</u>	t, His	torica	<u>ıl Tre</u>	asures, or (<u> 2the</u>	<u>er Similar Ass</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)									
а	Public exhibition		d	V L	oan or	exchange prog	ırams	5		
b	Scholarly research		e	Γ	ther					
С	✓ Preservation for future generations									
4	Provide a description of the organization's content of the organization of the organiz	ollections and expla	aın hov	v they f	urther	the organizatio	n's ex	xempt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	√ No
Pai	t IV Escrow and Custodial Arrang						ed "Y	es" to Form 99'	0,	
	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or other as	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng tab	le	1		I		
_								Amo	unt	
c 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 F		e 21?						Yes	│ No
b	If "Yes," explain the arrangement in Part XI\				1137 1			171/ 1 40		
Ра	rt V Endowment Funds. Complete	(a)Current Year		Werea Prior Yea		(c)Two Years Bac			(e) Four Y	ears Back
1a	Beginning of year balance	22,846,011	(5)		4,527	20,386,1	-	20,004,648	(C) Car I	caro baci
ь	Contributions	1,100,841		2,20	3,729	49,0	40	439,413		
c	Investment earnings or losses	959,979		89	1,325	796,4	53	555,278		
d	Grants or scholarships	876,783		81	3,570	667,1	50	613,155		
e	Other expenditures for facilities	0			0		0	0		
_	and programs	0						0		
f	Administrative expenses	24,030,048		22.04	6,011	20,564,5	27	20,386,184		
g	End of year balance	, ,		22,04	0,011	20,364,3	21	20,386,184		
2	Provide the estimated percentage of the year		as							
а	Board designated or quasi-endowment	18 724 %								
Ь	Permanent endowment > 81 276 %									
_ C	Term endowment ► 0 %	6.1								
За	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	tnat are	e neia a	and administere	ea ror	tne	Yes	No
	(i) unrelated organizations							3a(i)	_	No
	(ii) related organizations							3a(ii))	No
b	If "Yes" to 3a(II), are the related organization							3b		
4	Describe in Part XIV the intended uses of th	=								
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa					1		
	Description of property			(a) Co basis (i	st or otl nvestme			(c) Accumulated depreciation	(d) Boo	ok value
1a	Land		•		27,	945 24,61	4,037		24	1,641,982
b	Buildings		•			257,40	8,287	56,399,811	20:	1,008,476
C	Leasehold improvements					8,52	6,428	2,424,240	(5,102,188
d	Equipment					34,91	4,058	17,534,408	1	7,379,650
е	Other					27,08	4,968		2	7,084,968

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

276,217,264

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)	. ,	Cost or end-o	f-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) Metho	od of valuation
	(2) DOOK VAIAC	Cost or end-o	f-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, lir	ne 15.		
(a) Descrip			(b) Book value
Total (Column (h) should equal Form 000, Part V, cal (P) I and	5)	-	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		<u> </u>	
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
AGENCY FUNDS PAYABLE	1,082,788		
OBLIGATIONS UNDER CAPITAL LEASES	780,090		
PRIVATE LOAN FUNDS PAYABLE	1,378,693		
GOVERNMENTAL FUNDS PAYABLE	1,470,738		
OO VERRITERIALI ONDO FATABLE	1,770,738		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	4 74 2 200		
Total (Column (b) Should equal Form 330, Fatt A, COI (B) IIIIe 23)	4,712,309		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	200,365,782
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	170,138,176
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	30,227,606
4	Net unrealized gains (losses) on investments	4	-2,916,293
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,532,508
9	Total adjustments (net) Add lines 4 - 8	9	-1,383,785
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	28,843,821
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	155,832,311
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-2,067,797
3	Subtract line 2e from line 1	3	157,900,108
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 195,990		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	42,465,674
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	200,365,782
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	126,988,490
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	848,496
3	Subtract line 2e from line 1	3	126,139,994
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 195,990		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	43,998,182
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	170,138,176

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

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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any addıtıonal ınformatıon

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	FASB ASC SUBTOPIC 740-10 - INCOME TAXES - OVERALL PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE 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 - 1532508,
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	RENTAL EXPENSES - 787981,
Other revenues in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	SCHOLARSHIPS - 42269684,
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	RENTAL EXPENSES - 787981,
Other expenses in form 990 not in audited financial statements	Schedule D, Part XIII, Line 4b	SCHOLARSHIPS - 42269684, ACTIVITY OF CHF-TAMPA, LLC INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS - 1532508,

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As Filed Data -

DLN: 93493342007292

OMB No 1545-0047

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.

Name of the organization **Employer identification number** THE UNIVERSITY OF TAMPA INCORPORATED 59-0624459 Part I YES NO 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 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 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 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 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 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? No_ 5g 5h Νo h Other extracurricular activities? 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?

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

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

6a

Yes

Yes

Νo

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)

ldentifier	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, TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION GRANT, FEDERAL DIRECT STUDENT LOANS, IMPROVING TEACHER QUALITY STATE GRANT, FLORIDA TEACHER QUALITY GRANT, ROBERT BYRD, BUSINESS AND INTERNATIONAL PROJECTS, ADVANCE EDUCATION NURSING TRAINEESHIPS, CHARLES STARK DRAPER LABORATORY SUBAWARD 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 E (Form 990 or 990-EZ) 2011

DLN: 93493342007292

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

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.

Open to Public

itemai F	Revenue Service						Inspection
	of the organization JNIVERSITY OF TAMPA INCO					Employer ident	ification number
חבנ	DNIVERSILY OF LAMPA INCO	KPUKATED				59-0624459	
Par	General Informatio "Yes" to Form 990, Pa			ne United States. Co	omplete	ıf the organız	ation answered
	For grantmakers. Does the	_				_	
	assistance, the grantees' eli the grants or assistance?						
	_						,
	For grantmakers. Describe in Pa United States	art V the organiz	atıon's procedur	es for monitoring the use	e of grant f	unds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed ?)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	a program spec	ity listed in (d) is service, describe ific type of e(s) in region	(f) Total expenditures for region/investments in region
	See Add'l Data						
	Sub-total Total from continuation sheets						

to Part I

c Totals (add lines 3a and 3b)

4,407,113

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

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. (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (h) Method of (a) Type of grant or (g) Description recipients cash grant disbursement non-cash of non-cash valuation assistance (book, FMV, assistance assistance appraisal, other) 21,588 CREDIT N/A SCHOLARSHIPS EUROPE 0 (INCLUDING ICELAND AND GREENLAND)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u>\</u>	Yes	Γ	Νo
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)	Γ	Yes	굣	Νo
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)	<u> </u>	Yes	Γ	Νo
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)	Г	Yes	<u>\</u>	Νo
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)	Г	Yes	দ	Νo
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).	Г	Yes	ি	No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this	part to	provide t	the i	information	(see	instructions)	required	ın Part I,	line 2,	and an	y addıtıona	l
information	•	•			•	•	•	•			•	

information.		
Identifier	ReturnReference	Explanation
Procedures for monitoring use of	Schedule F, Part I, Line 2	SCHOLARSHIPS AND TUITION ASSISTANCE ARE APPLIED
grant funds		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
Method used to account for	Schedule F, Part I, Line 3	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL
expenditures on organization's		CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EAST
financial statements		ASIA AND THE PACIFIC ACCRUAL EAST ASIA AND THE
		PACIFIC ACCRUAL EUROPE (INCLUDING ICELAND AND
		GREENLAND) ACCRUAL EUROPE (INCLUDING ICELAND
		AND GREENLAND) ACCRUAL MIDDLE EAST AND NORTH
		AFRICA ACCRUAL NORTH AMERICA (CANADA & MEXICO
		ONLY) ACCRUAL RUSSIA AND THE NEWLY INDEPENDENT
		STATES ACCRUAL SOUTH AMERICA ACCRUAL SOUTH
		AMERICA ACCRUAL SOUTH ASIA ACCRUAL SUB SAHARAN
		AFRICA ACCRUAL SUB SAHARAN AFRICA ACCRUAL
		CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL
		EUROPE (INCLUDING ICELAND AND GREENLAND)
		ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL NORTH
		AMERICA (CANADA & MEXICO ONLY) ACCRUAL
Method used to account for grants on	Schedule F. Part III	EUROPE (INCLUDING ICELAND AND GREENLAND)
organization's financial statements		ACCRUAL

Software ID: 11000230

Software Version: v2011.1.0

EIN: 59-0624459

Name: THE UNIVERSITY OF TAMPA INCORPORATED

Form 990 Schedule F Part I - Activities Outside The United States

Form 990 Schedule F	Part I - Activ	ities Outside	ine United States		_
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL ABROAD COURSES	207,709
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SEMINARS/CONFERENCES	32,963
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL ABROAD COURSES	97,765
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SEMINARS/CONFERENCES	110,658
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL ABROAD COURSES	501,075
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	SEMINARS/CONFERENCES	14,472
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	SEMINARS/CONFERENCES	10,787
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	SEMINARS/CONFERENCES	12,088
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	SEMINARS/CONFERENCES	7,331
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL ABROAD COURSES	77,598
SOUTH AMERICA	0	0	PROGRAM SERVICES	SEMINARS/CONFERENCES	36,923
SOUTH ASIA	0	0	PROGRAM SERVICES	SEMINARS/CONFERENCES	29,083
SUB SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL ABROAD COURSES	43,741
SUB SAHARAN AFRICA	0	0	PROGRAM SERVICES	SEMINARS/CONFERENCES	15,537
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		3,168,429
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		21,588
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CHINESE PROFESSOR EXCHANGE - COURSE DEVELOPMENT	11,574
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	MFA PROGRAM - COURSE EXPENSES	7,792

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Schedule I

(Form 990)

Department of the Treasury

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

DLN: 93493342007292

Inspection

Internal Revenue Service Name of the organization Employer identification number THE UNIVERSITY OF TAMPA INCORPORATED 59-0624459 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

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

Supplemental Information. Complete this part to provide the information required in Part 1, line 2, and any other additional information.						
Identifier	Return Reference	Explanation				
Procedures for monitoring	Schedule I, Part I, Line 2	SCHOLARSHIPS AND TUITION ASSISTANCE ARE APPLIED DIRECTLY TO STUDENTS' TUITION ACCOUNTS NO				
use of grant funds		CASH IS GIVEN TO STUDENTS				

Schedule I (Form 990) 2011

Software ID: 11000230

Software Version: v2011.1.0

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) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NEED BASED FINANCIAL AID	2227	8,503,827	0	N/A	N/A
ATHLETIC AWARDS	238	1,725,957	0	N/A	N/A
TALENT AWARDS	208	350,625	0	N/A	N/A
UNIVERSITY OF TAMPA GRANTS	225	933,224	0	N/A	N/A
MERIT AWARDS	5199	28,450,866	0	N/A	N/A
GRAD ASSISTANTSHIPS	87	702,780	0	N/A	N/A
STIPENDS	181	495,227	0	N/A	N/A
FEDERAL GIFT AID	2017	1,085,590	0	N/A	N/A

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DLN: 93493342007292

OMB No 1545-0047

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Inspection **Employer identification number**

Name of the organization THE UNIVERSITY OF TAMPA INCORPORATED

59-0624459 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use 굣 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) 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 Yes 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 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 $\overline{\mathbf{v}}$ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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 The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 Νo 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 ın Part III 8 Νo

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) RONALD L VAUGHN	(ı) (ıı)	385,027 0	75,000 0	260,196 0	161,165 0	16,666 0	898,054 0	
(2) DONNA B POPOVICH	(I) (II)	126,856 0	0	6,121 0	20,692 0	18,502 0	172,171 0	
(3) JANET M MCNEW	(I) (II)	253,173 0	15,000 0	70,961 0	28,375 0	10,294 0	377,803 0	56,40
(4) FARHAD F GHANNADIAN	(ı) (ıı)	202,885 0	0	28,633 0	19,946 0	20,473 0	271,937 0	19,18
(5) HAIG MARDIROSIAN	(I) (II)	161,206 0	2,727 0	8,095 0	12,163 0	9,090, 0	193,281 0	
(6) DANIEL T GURA	(I) (II)	195,798 0	0	6,312 0	35,879 0	15,253 0	253,242 0	
(7) LINDA DEVINE	(ı) (ıı)	193,188 0	0	19,979 0	18,932 0	20,047 0	252,146 0	
(8) RICHARD OGOREK	(ı) (ıı)	162,396 0	0	7,311 0	13,804 0	7,501 0	191,012 0	
(9) DENNIS L NOSTRAND	(ı) (ıı)	249,412 0	20,000	42,942 0	12,683 0	17,439 0	342,476 0	
(10) ANNE V GORMLY	(I) (II)	161,065 0	0	8,902 0	12,084 0	7,646 0	189,697 0	
-								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Travel for companions	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	Part I, Line 1a	FARHAD F GHANNADIAN, DEAN, RECEIVED A ONE-TIME PAYMENT OF \$6,000 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	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 THESE HOUSING ALLOWANCES ARE TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS
	Part I, Line 1a	SOCIAL CLUB DUES ARE PAID BY THE UNIVERSITY FOR THE PRESIDENT, RONALD L VAUGHN, THE VICE PRESIDENT OF DEVELOPMENT AND UNIVERSITY RELATIONS, DAN GURA, DEAN, ANNE GORMLY, AND DEAN, FARHAD F GHANNADIAN THESE DUES ARE NOT TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS 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		THE PRESIDENT, RONALD L VAUGHN, DEFERRED \$137,890 THROUGH THE IRC SECTION 457(F) RETIREMENT PLAN THE SECRETARY, DONNA POPOVICH, DEFERRED \$8,000 THROUGH THE IRC SECTION 457(F) RETIREMENT PLAN

Schedule J (Form 990) 2011

Schedule K (Form 990)

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

2011

DLN: 93493342007292

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number

59-0624459

										5	9-0624	1459			
Pa	rt I Bond Issues			,											
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pr	nce	(f) Des	scription	of Purpose	(g) De	feased	Beh	On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No
A_	CITY OF TAMPA FLORIDA	59-1101138	875231HX3	06-27-2006	45,572		ONSTRU OORMITO		OF A NEW		Х		Х		Х
В	HIGHER EDUCATIONAL FACILITIES FINANCING AUTHORITY	90-0058227		04-30-2012	77,561	,332 R		PRIORB	V DORM AND OND ISSUES 2)	;	×		X		X
c	HIGHER EDUCATIONAL FACILITIES FINANCING AUTHORITY	90-0058227		04-30-2012	7,300		REFUND PRIOR BOND ISSUE (2011)			х		х		Х	
D	HIGHER EDUCATIONAL FACILITIES FINANCING AUTHORITY	90-0058227		04-30-2012	20,000		CONSTRU		OF A NEW		х		х		х
Pa	rt III Proceeds														
	A				Α			Е	1		С			D	
	A mount of bonds retired					3,880,			0			0			0
	A mount of bonds defeased						0		0			0			0
3	Total proceeds of issue				_	5,572,			77,560,625		7,3	00,000		20,	000,000
4	Gross proceeds in reserve fun				_	2,901,			5,502,108			0			0
5	Capitalized interest from proc					1,525,			0			0	 		0
6	Proceeds in refunding escrow				1		0		0			0	 		0
7	Issuance costs from proceeds						2,500 1,005,202		0			· ' '			
8	Credit enhancement from proc					1,089,	9,972 351,743		0			 		0	
9	Working capital expenditures						0		0			0	 		0
10	Capital expenditures from pro	ceeas			3	9,562,	827		3,676,085			0			395,150
11	Other spent proceeds						0		58,566,572		7,3	00,000			0
12	O ther unspent proceeds						0		10,960,915			0		19,	500,000
13	Year of substantial completion	II			200		┦.	v I	No.		2012	N.		1	No
14	Were the bonds issued as part	t of a current refund:	na issue?		Yes	No X		Yes X	No	Yes	+	No	Yes	+	No X
14	Were the bonds issued as part							^		^	+	· · · · · · · · · · · · · · · · · · ·	-	-+	
15	<u> </u>		iuiiig issue?		<u> </u>	Х			X		+	Х		-	X
16	Has the final allocation of prod				X				X	Х					X
17	Does the organization maintai allocation of proceeds?	·	nd records to supp	oort the final	X			Х		Х			Х		
Pai	rt IIII Private Business U	Jse					<u> </u>		<u> </u>				Ι		
l					Ves	No.	. .	Ves	No.	Ves	<u> </u>	No	Vas	D	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Χ

Yes

Χ

Χ

Yes

Χ

Χ

Yes

No

Χ

Par	t III Private Business Use (Continued)									. age =
				Ą	<u>`</u>	В		Ç		D
		į.	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private use?			х		Х		Х		Х
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fir property?									
С	Are there any research agreements that may result in private business unfinanced property?	se of bond-		х		х		x		х
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed prope									
4	Enter the percentage of financed property used in a private business use other than a section 501(c)(3) organization or a state or local government.			0 %		0 %		0	%	0 %
5	Enter the percentage of financed property used in a private business use unrelated trade or business activity carried on by your organization, anot 501(c)(3) organization, or a state or local government			0 %		0 %		0	%	0 %
6	Total of lines 4 and 5			0 %		0 %		0 %	/o	0 %
7	Has the organization adopted management practices and procedures to e post-issuance compliance of its tax-exempt bond liabilities?	nsure the	Х		Х		Х		х	
Pai	rt IV Arbitrage	•		•		•	•	•	•	•
		Α			В		С		D	
		Yes	No	Yes	No	Y	es	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		x			х		Х
2	Is the bond issue a variable rate issue?		Х		Х			Х	Х	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х		Х			х		Х
b	Name of provider									
С	Term of hedge				C	0 0		0 0		0 0
d	Was the hedge superintegrated?									

Part V Procedures To Undertake Corrective Action

Did the bond issue qualify for an exception to rebate?

Was the regulatory safe harbor for establishing the fair market

Were any gross proceeds invested beyond an available temporary

Χ

Part VI Supplemental Information

Was a hedge terminated?

value of the GIC satisfied?

Name of provider

Term of GIC

period?

4a

b

C

d

5

Were gross proceeds invested in a GIC?

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

Identifier	Return Reference	Explanation
TOTAL	PART II, LINE	THE UNIVERSITY OF TAMPA ISSUED BONDS IN APRIL 2012 THAT HAD AN ISSUE PRICE OF \$77,561,332 THE FORM 990 INSTRUCTIONS INDICATE
PROCEEDS	3	THAT SCHEDULE K, PART II, LINE 3 SHOULD SHOW THE TOTAL PROCEEDS OF THE ISSUE PLUS INTEREST EARNINGS THE BOND PROCEEDS
OF ISSUE		AMOUNT OF \$77,560,625 SHOWN IN PART II INCLUDES AN UNREALIZED LOSS FROM INVESTMENT OF PROCEEDS THUS THE AMOUNT OF
		PROCEEDS SHOWN IN PART II IS LESS THAN THE PROCEEDS FROM ISSUE DUE TO A LOSS INCURRED

Χ

Χ

Χ

Χ

0 0

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Χ

0 0

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0 0

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(c) CUSIP #

(d) Date Issued

Schedule K (Form 990)

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.

(e) Issue Price

DLN: 93493342007292 OMB No 1545-0047

2011

Open to Public **Inspection**

(i) Pool

financing

Department of the Treasury Internal Revenue Service Name of the organization

Part I

(a) Issuer

Name

Bond Issues

THE UNIVERSITY OF TAMPA INCORPORATED

(b) Issuer EIN

Employer identification number 59-0624459

(h) On

Behalf of

Issuer

(g) Defeased

(f) Description of Purpose

						Yes	NO	Yes	NO	Yes	NO
Pai	TEII Proceeds				•			•			•
			Α	l l	3		С			D	
1	A mount of bonds retired								$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		
2	A mount of bonds defeased										
3	Total proceeds of issue										
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrow										
7	Issuance costs from proceeds										
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds								1		
10	Capital expenditures from proceeds								1		
11	Other spent proceeds										
12	O ther unspent proceeds								1		
13	Year of substantial completion										
		Yes	No	Yes	No	Ye	es	No	Y	es	No
14	Were the bonds issued as part of a current refunding issue?										
15	Were the bonds issued as part of an advance refunding issue?										
16	Has the final allocation of proceeds been made?										
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?										
Par	t IIII Private Business Use	_									
			Α	<u> </u>	B		<u> </u>			D	
		Yes	No	Yes	No	Ye	es	No	Y	es	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements that may result in private business use of bond- financed property?										
For P	rivacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	(Cat No 50193E				•	Schedule	K (Forn	n 990) 2	011

Par	Private Business Use (Continued)									
			Yes	A No	Yes	B No	Yes	C No	Yes	D No
3a	Are there any management or service contracts that may result in private	business	165	140	165	140	res	140	Tes	110
	use?									
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or o counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-								
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or o counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government									
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to enpost-issuance compliance of its tax-exempt bond liabilities?	sure the								
Par	t IV Arbitrage									
		Α			B		<u>C</u>		D	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	· Y	es	No	Yes	No
•	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?									
2	Is the bond issue a variable rate issue?									
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?									
b	Name of provider				<u> </u>		l			
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
4a	Were gross proceeds invested in a GIC?									
b	Name of provider				•		•			
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5	Were any gross proceeds invested beyond an available temporary period?									
6	Did the bond issue qualify for an exception to rebate?									
P	Check the box if the organization established written procedures to closing agreement program if self-remediation is not available unc									

Part VI 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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DLN: 93493342007292

OMB No 1545-0047

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization **Employer identification number** THE UNIVERSITY OF TAMPA INCORPORATED **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . 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 (f) (b) Loan to **(e)** In Approved (g)Written or from the (a) Name of interested person and (c)Original default? by board or agreement? (d)Balance due organization? principal amount purpose committee? Yes From No Yes Yes No Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization (1) DISCOUNTED TUITION 48,588

Part IV	Business	Transactions	Involving	Interested	Persons

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

Complete if the organization	on answered "Yes" on	Form 990, Part IV, Iir	ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
	organization			Yes	No
(1) FICURMA	RICHARD OGOREK IS THE UNIVERSITY TREASURER AND IS A BOARD MEMBER OF FICURMA		PROPERTY & CASUALTY INSURANCE PREMIUMS		No
(2) SHERI OGOREK	RICHARD OGOREK IS THE UNIVERSITY TREASURER AND HIS SPOUSE IS AN EMPLOYEE OF THE UNIVERSITY	57,566	COMPENSATION		No
(3) TAMPA ELECTRIC COMPANY	JAMES L FERMAN, JR, SECRETARY OF THE BOARD, IS A DIRECTOR OF TAMPA ELECTRIC COMPANY		ELECTRICITY AND NATURAL GAS UTILITIES 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
		-xp.a.iac.o.

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DLN: 93493342007292

OMB No 1545-0047

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Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Name of the organization THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number

Pa	rt I Types of Property				59-0624459			
	Types of Frepercy	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contribution	etermı	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	5	47,112	MARKET VALUE			
	Securities—Closely held stock .			,				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Other►()							
	Other ►()							
27	Other ►()							
28	Other►()							
29	Number of Forms 8283 received	d by the org	anization during the tax ye	ar for contributions				
	for which the organization comp				29			0
							Yes	No
30a	During the year, did the organiza	atıon receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	rs from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gi	ft acceptan	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a		Νo
ь	If "Yes," describe in Part II							
	If the organization did not repor	t revenues i	n column (c) for a type of p	roperty 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
Explanations of reporting method for number of contributions	·	SECURITIES - PUBLICLY TRADED THE UNIVERSITY IS REPORTING THE NUMBER OF SECURITIES CONTRIBUTIONS RECEIVED
Number of contributions or items contributed		THE UNIVERSITY IS REPORTING THE NUMBER OF SECURITIES CONTRIBUTIONS RECEIVED

Schedule M (Form 990) 2011

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493342007292

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization
THE UNIVERSITY OF TAMPA INCORPORATED

Employer identification number

59-0624459

ldentifier	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

ldentifier	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

ldentifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	THE EXECUTIVE COMMITTEE OF THE BOARD MAY ACT ON BEHALF OF THE GOVERNING BODY IN THE INSTANCE WHERE EMERGENCY ACTION IS REQUIRED IN ADDITION, THE EXECUTIVE COMMITTEE WILL HAVE GENERAL RESPONSIBILITY ON BEHALF OF THE FULL BOARD OF TRUSTEES TO REVIEW THE ANNUAL FORM 990 AND RELATED GOVERNANCE ISSUES THEY WILL REPORT THEIR REVIEW TO THE FULL BOARD AND BOARD MEMBERS SHALL BE PROVIDED ACCESS TO THE FORM 990 PRIOR TO ITS FILING

ldentifier	Return Reference	Explanation
Family/business relationships amongst interested persons	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

ldentifier	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 15, 2012 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

ldentifier	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.

ldentifier	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, 2011

ldentifier	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, 2011

ldentifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	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

ldentifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS2916293,

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(Form 990)

DLN: 93493342007292

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

Department of the Treasury Internal Revenue Service						I	inspectio	n
Name of the organization THE UNIVERSITY OF TAMPA INCORPOR	ATED				Employer id 59-062445	lentification number		
Part I Identification	of Disregarded Entities (Comp	lete if the organizati	on answered "Ye	s" on Form 990, Pa	art IV, line 33.)			
Name, address, and	(a) EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign country		(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification or more related	of Related Tax-Exempt Organ tax-exempt organizations during	izations (Complete the tax year.)	ıf the organizatio	on answered "Yes"	on Form 990, Pa	art IV, line 34 beca	use it had	one
Name, address, and EIN	a) N of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3)	(f) Direct controlling entity	cont	(g) 512(b)(13) trolled nization
(1) THE CHISELERS INC							Yes	No
PO BOX 13895 TAMPA, FL 33681 59-6200154		SUPPORT OF UT	FL	501(C)(3)	11 - Type III - I	FI NA		No
For Privacy Act and Panonyork	Peduction Act Notice see the Instruct	ions for Form 990	Cat No. I	50135V	1	Schodulo D	(Form 990)	\ \ 2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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)	, ·	(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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No	
												i

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) Рптагу 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	Transactions with Related Organizations (Complete if the organization answered "Yes	on Form 990, Par	T IV, line 34, 35, 3	5A, or 36.)		
No.	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Durn	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organi	ızatıons lısted ın Parts	s II-IV?			
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b G	ift, grant, or capital contribution to related organization(s)			1b		No
c G	ft, grant, or capital contribution from related organization(s)			1c	Yes	
d Lo	pans or loan guarantees to or for related organization(s)			1d		No
e Lo	pans or loan guarantees by related organization(s)			1e		No
f Sa	ale of assets to related organization(s)			1f	+	No
	urchase of assets from related organization(s)			<u>1g</u>		No
_	xchange of assets with related organization(s)			1h		No
	ase of facilities, equipment, or other assets to related organization(s)			1i		No
i Le	ase of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>	+	No
-	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No
	rformance of services or membership or fundraising solicitations by related organization(s)			11	+	No
	naring of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	,——	No
	naring of paid employees with related organization(s)			1n	+	No
3	iding of paid employees with related organization(s)					
o R	eimbursement paid to related organization(s) for expenses			10		No
p R	eimbursement paid by related organization(s) for expenses			<u>1p</u>	+-+	No
q 0	ther transfer of cash or property to related organization(s)			1 q	+-+	No
r 0	ther transfer of cash or property from related 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, in	cluding covered relati	onships and transact	 tion thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing involved		ount
(1)						
(2)						
(3)						
(4)				<u> </u>		
(5)						
(6)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No									

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Additional Data

Software ID: 11000230

Software Version: v2011.1.0

EIN: 59-0624459

Name: THE UNIVERSITY OF TAMPA INCORPORATED

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code

) (Expenses \$ 20,661,203 including grants of \$) (Revenue \$ 32,079,209)

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

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

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
DON DEFOSSET CHAIR	1 00	Х		×				0	0	0			
EUGENE H MCNICHOLS PAST CHAIR	1 00	Х		Х				0	0	0			
JAMES L FERMAN JR SECRETARY	1 00	Х		Х				0	0	0			
JOHN B WEST VICE CHAIR	1 00	Х		х				0	0	0			
RONALD L VAUGHN PRESIDENT	40 00	Х		х				720,223	0	177,831			
A WILLIAM GOEDE TRUSTEE	1 00	Х						0	0	0			
AD MACKINNON TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
AL VAN VORIS TRUSTEE - PARTIAL YEAR	1 00	X						0	0	0			
ALI CARR TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
ALLEN R BRINKMAN II TRUSTEE	1 00	Х						0	0	0			
ANTHONY J BORRELL JR TRUSTEE	1 00	Х						0	0	0			
BLAKE J CASPER TRUSTEE	1 00	Х						0	0	0			
BOB BUCKHORN TRUSTEE	1 00	Х						0	0	0			
CATHY BELLATIN TRUSTEE	1 00	Х						0	0	0			
CATHY L UNRUH TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
CHARLES E SYKES TRUSTEE	1 00	Х						0	0	0			
CHRISTINE M BURDICK TRUSTEE	1 00	Х						0	0	0			
CRAIG STURKEN TRUSTEE	1 00	Х						0	0	0			
DEBORAH A SHERIDAN TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
DOUGLAS C ROTHSCHILD TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
EDWARD M KOBEL TRUSTEE	1 00	Х						0	0	0			
EVELYN BOWLES TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
GARY W HARROD TRUSTEE	1 00	Х						0	0	0			
GEORGE F GRAMLING III TRUSTEE	1 00	Х						0	0	0			
GREGG H ROSEN TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			

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

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		(tion that a		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
HELEN T KERR TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
IAN MACKECHNIE TRUSTEE	1 00	Х						0	0	0			
JAMES A TURNER III TRUSTEE	1 00	Х						0	0	0			
JAMES E MACDOUGALD TRUSTEE	1 00	Х						0	0	0			
JAMES K MURRAY JR TRUSTEE	1 00	Х						0	0	0			
JAMES S MACLEOD TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
JOHN MCRAE WOLFE	1 00	Х						0	0	0			
TRUSTEE - PARTIAL YEAR JOSEPH G METERCHICK	1 00	Х						0	0	0			
TRUSTEE - PARTIAL YEAR KYLE BAILEY	1 00	Х						0	0	0			
TRUSTEE KYLE PARKS	1 00	Х						1,900	0	0			
TRUSTEE - PARTIAL YEAR LEO BERMAN	1 00	Х						0	0	0			
TRUSTEE LORNA TAYLOR	1 00	X						0	0	0			
TRUSTEE MICHAEL S SOUTHARD TRUSTEE	1 00	Х						0	0	0			
NATALIE SIDOR TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
O REX DAMRON TRUSTEE	1 00	Х						0	0	0			
PAMELA ROSEN TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
PAULINE B CRUMPTON TRUSTEE	1 00	Х						0	0	0			
PHILLIP E CASEY TRUSTEE	1 00	Х						0	0	0			
R VIJAYANAGAR TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
RICHARD C ELIAS TRUSTEE	1 00	Х						0	0	0			
ROBERT C CALAFELL TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
ROBERT D GRIES JR TRUSTEE	1 00	Х						0	0	0			
ROBERT E HOYLAND TRUSTEE	1 00	Х						0	0	0			
ROBERT J ROHRLACK JR TRUSTEE	1 00	Х						0	0	0			
ROBERT M THOMAS TRUSTEE	1 00	Х						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		(tion that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other			
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
ROY J MCCRAW JR TRUSTEE - PARTIAL YEAR	8 00	Х						14,336	0	0			
RUFUS J WILLIAMS III TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
SIDNEY W MORGAN TRUSTEE	1 00	Х						0	0	0			
SUSAN W LEISNER TRUSTEE	1 00	Х						0	0	0			
THILO D BEST TRUSTEE	1 00	Х						0	0	0			
THOMAS A CASTRIOTA TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
THOMAS W SPRUANCE TRUSTEE - PARTIAL YEAR	1 00	Х						0	0	0			
VELVA W CLARK TRUSTEE	1 00	Х						0	0	0			
WILLIAM H MCGILL JR TRUSTEE	1 00	X						0	0	0			
DONNA B POPOVICH SECRETARY	40 00			х				132,977	0	39,194			
RICHARD OGOREK TREASURER	40 00			х				169,707	0	21,305			
DENNIS L NOSTRAND VP ENROLLMENT	40 00				х			312,354	0	30,122			
JANET M MCNEW PROVOST, VP ACADEMIC AFFAIRS	40 00				х			339,134	0	38,669			
ANNE V GORMLY DEAN	40 00					Х		169,967	0	19,730			
DANIEL T GURA VP DEVELOPMENT & UNIVERSITY RELATIONS	40 00					х		202,110	0	51,132			
FARHAD F GHANNADIAN DEAN	40 00					Х		231,518	0	40,419			
HAIG MARDIROSIAN DEAN	40 00					Х		172,028	0	21,253			
LINDA DEVINE VP OPERATIONS & PLANNING	40 00					Х		213,167	0	38,979			