

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



DLN: 93493134002723

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)

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 A For the 2011 D Employer identification number B Check if applicable University of South Florida Foundation 59-0879015 Address change E Telephone number Doing Business As (813) 974-1801 ☐ Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 298,421,230 Terminated Amended return City or town, state or country, and ZIP + 4 Tampa, FL 33620 Application pending Name and address of principal officer Is this a group return for Joel Mombera affiliates? 4202 East Fowler Ave ALC 100 Tampa, FL 33620 H(b) Are all affiliates included? □ Yes □ No If "No," attach a list (see instructions) **▽** 501(c)(3) **▽** Group exemption number I Website: ► http://giving.usf.edu/ K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ L Year of formation 1960 M State of legal domicile FL Summary Part I Briefly describe the organization's mission or most significant activities To accept, invest and distribute private gifts in support of the university of south florida Activities & Governance Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 52 44 Number of independent voting members of the governing body (Part VI, line 1b) . 4 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . . 6 556 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -102,335  ${f b}$  Net unrelated business taxable income from Form 990-T, line 34 **7**b -110,437 **Prior Year Current Year** 76,547,593 8 Contributions and grants (Part VIII, line 1h) . 53,054,677 9 Program service revenue (Part VIII, line 2g) . 841,929 1,243,225 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 3,264,674 21,695,515 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,129,933 4,534,715 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 85,784,129 80,528,132 94,180,647 66,030,514 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 571,406 612,299 Professional fundraising fees (Part IX, column (A), line 11e) . 475,331 445,147 16a Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  3,638,010 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 8,840,348 10,768,309 77,856,269 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 104,067,732 19 Revenue less expenses Subtract line 18 from line 12 . -18,283,603 2,671,863 Assets or d Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . . . 519,264,683 494,819,223 21 46,045,301 33,573,013 Total liabilities (Part X, line 26) . . . . . 22 Net assets or fund balances Subtract line 21 from line 20 473,219,382 461,246,210 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2013-05-14 Signature of officer Sign Here Rob Fischman CFO Type or print name and title Date Check If Preparer's taxpayer identification number Preparer's sıgnature (see instructions) Paid employed 🕨 🧧 Preparer's Firm's name (or yours ERNST & YOUNG US LLP

55 IVAN ALLEN BLVD SUITE 1000

ATLANTA, GA 30308

May the IRS discuss this return with the preparer shown above? (see instructions) .

if self-employed), address, and ZIP + 4

**Use Only** 

Yes ┌ No

Phone no (404) 874-8300

Pari		tatement of Program S neck if Schedule O contains			ш	୮
PRIV THE ( TO U	FOUNDAT ATE GIFT COLLEGE	S IN SUPPORT OF THE ACS, CAMPUSES, HEALTH, A	CIAL LEGAL COND TIVITIES AND PRO THLETICS, AND OT	GRAMS OF THE UI HER APPROPRIATI	EPTANCE, INVESTMENT, A NIVERSITY OF SOUTH FLOF E UNIVERSITY-RELATED UN STUDENT SCHOLARSHIPS	RIDA WHICH INCLUDES NITS SUPPORT IS GIVEN
2	the prior	rganization undertake any si Form 990 or 990-EZ?		rvices during the ye	ar which were not listed on	┌ Yes ┌ No
	If "Yes,"	describe these new services	on Schedule O			
3	services	rganization cease conducting  describe these changes on S		t changes in how it o	conducts, any program	┌ Yes ┌ No
4	Describe expenses	the organization's program s Section 501(c)(3) and 501	ervice accomplishm (c)(4) organizations	and section 4947 (a	three largest program service a)(1) trusts are required to re ach program service reported	
4a	(Code	) (Expenses \$	67,855,487	ıncludıng grants of \$	66,030,514 ) (Revenue \$	5,814,587 )
	University		e Colleges, Campuses, He	ealth, Athletics, and othe	ution of private gifts in support of th r appropriate University-related unit ties	
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Othern	rogram services (Describe i	n Schedule O N			
	(Expens		including grants of	\$	) (Revenue \$	)
4e	Total p	ogram service expenses►\$	67,855,487	7		

art IV	Checklist o	f Reauired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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		No
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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
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	Yes	
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		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> 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 $\blacksquare$	21	Yes	
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		N o
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		No
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		No
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 Ma	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	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
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		Νo
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? If "Yes," complete Schedule R, Part V, line 2	36		N o
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		N o
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	<u> </u>
		Fo	orm <b>990</b>	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	•1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 169			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
-	gaming (gambling) winnings to prize winners?	10	1 65	
2a	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
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 account)?	4a	Yes	
b	·		163	
	If "Yes," enter the name of the foreign country AS, BE, BR, CA, GM, HK, SN, SW, UK  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
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).			
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		105	
_	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	ŀ		
Ī	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79		
-	Form 1098-C?	7h	Yes	
1	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	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		
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2-	Section 4947(a)(1) non-everynt charitable truste. Is the everynteen filing form 000 in liquid form 10413	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	ı∠d		
U	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?			
	<b>Note.</b> 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  Enter the aggregate amount of reserves on hand			
_	13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

**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	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
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		No
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	Yes	
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	Yes	
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	
ь	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			
	evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	
С	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
ь	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?	16b		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed.			

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

- 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 ► ROBERT FISCHMAN

4202 E FOWLER AVE Tampa, FL 33620

(813) 974-1801

# 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

(a) Name and Title  A verage hours par week (describe hours for related organizations in Schedule O)  See Additional Data Table  (b) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (c) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a				(D) Reportable compensation from the organization (W-	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
See Additional Data Table		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	misc)		I
	See Additional Data Table										

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

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e thai	n one son er ai	e bo ıs 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) Estimate amount of o compensat from the organization related		ated f other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Fornier		MISC)		relat organiza	
See A	Additional Data Table												
											$\top$		
											+		
1b	Sub-Total			<del></del>	•	٠.		<u> </u>			$\top$		
С	Total from continuation sheets		tion A					<b>&gt;</b>					
d	Total (add lines 1b and 1c) .			•				<b> -</b>	3,402	3,920,30	03		471,880
2	Total number of individuals (incli \$100,000 of reportable compens					ted	above	) who	o received more tha	in			
										г		Yes	No
3	Did the organization list any <b>forr</b> on line 1a? <i>If</i> "Yes," complete Sch									ated employee	3		No
4	For any individual listed on line 1 organization and related organization and related organizations.										4	Yes	
5	Did any person listed on line 1a	receive or accru	ıe comp	oensa	ition	fror	many	unre	lated organization (	l or individual for		163	
	services rendered to the organiz								_		5	Yes	
	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from	highest comper the organizatio											
	or within the organization's tax y	(A)								(B)		(C	)

Name and business address	Description of services	(C) Compensation
National Public Radio Inc PO Box 79540 BALTIMORE, MD 21279	Programming Fees	588,972
Ruffalo Cody Associates PO Box 3018 CEDAR RAPIDS, IA 52406	Fundraising Expense	445,147
JCP Associates 28650 Via D Arezzo Drive BONITA SPRINGS, FL 34135	Lobbying Fees	341,250
Public Broadcasting Service 14400 Collections Center Drive CHICAGO, IL 60693	NATL PROGRAMMING SRV	309,087
Corcoran Johnston Blair 13309 Thoroughbred Drive DADE CITY, FL 335256215	Lobbying Fees	148,600
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶6

Form 99	•		£ Davis 2000					Page <b>9</b>
Part	<b>/ • • • • • • • • • • • • • • • • • • •</b>	Statement o	r Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
इध	1a	Federated cam	paigns 1a					
蓝声	b	Membership du	es <b>1b</b>					
ΩĔ	c	Fundraising eve	ents <b>1c</b>	970,720				
ž.	d	Related organiz	rations 1d					
ર્ઝE	e	Government grants	s (contributions) <b>1e</b>	666,703				
<u>ਲ</u> ੰਡ	f	All other contribution	ons, gifts, grants, and <b>1f</b>	51,417,254				i
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri lınes 1a-1f \$_	butions included in					
9 0 1	h	Total. Add lines	s 1a-1f	▶	53,054,677			
				Business Code				
Ē	2a	PUBLIC BROADCAS	TING SPONSORSHIPS	515111	1,150,220	1,150,220		
9. 9.	ь	USF UNIVERSITY S	PONSORSHIPS	900099	24,487	24,487		
or Œ		RENTAL INCOME		531110	26,745	15,255	11,490	
ξ	d	MEMBERSHIP DUE	<u> </u>				11,430	
¥		- MEMBERSHIP DOE.	<u> </u>	813410	41,773	41,773		
Program Service Revenue	e f	All other are	om convice rever	<del>                                     </del>				
Š	'	All other progra	am service revenue					
<u>~</u>	g	<b>Total.</b> Add lines	s 2a-2f		1,243,225			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	- F	9,710,135		-113,825	9,823,960
	4		tment of tax-exempt bond	proceeds <b>-</b>	0			
	5	Royalties			0			
	_		(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)	🟲				
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	229,011,984					
	Ь	than inventory Less cost or	217,026,604					
	"	other basis and	217,020,001					
	l c	sales expenses Gaın or (loss)	11,985,380					
	d	Net gain or (los	s)		11,985,380			11,985,380
Other Revenue	8a	of contributions	luding ,720 s reported on line 1c)					
Б		See Part IV, lin	e 18 a	829,847				
ē.	ь	Less direct ex	penses <b>b</b>	866,494				
둦	c c		(loss) from fundraising		-36,647			-36,647
J	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	ь	Less direct ex	penses b					
	c	Net income or (	(loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo						
	Ь	less costofa	oods sold <b>b</b>					
	c		(loss) from sales of inve	entory 🕨	o			
		Miscellaneous		Business Code				
	11a	RELATED ORG SUPPORT	ANIZATION	900099	3,683,269	3,683,269		
	ь	ATHLETIC 80,	/20 REVENUE	713990	358,004	358,004		
	С	ALL OTHER RE	VENUE	900099	530,089	530,089		
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	· · · · •	4,571,362			
	12	Total revenue.	See Instructions .	▶[	80,528,132	5,803,097	-102,335	21,772,693
	<u> </u>				50,520,132	3,003,037		Form <b>990</b> (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

	heck if Schedule O contains a response to any question in this Part IX	<u> </u>		<u> </u>	<b></b>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	65,872,835	65,872,835		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	157,679	157,679		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	612,299	312,284	141,307	158,708
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	332		332	-
c	Accounting	94,400		94,400	_
d	Lobbying	303,040		303,040	
e	Professional fundraising See Part IV, line 17	445,147		,	445,147
f	Investment management fees	3,195,084		3,195,084	,
q	Other	312,313		133,703	178,610
12	Advertising and promotion	0		2007.00	17.0,010
13	Office expenses	455,657		160,187	295,470
14	Information technology	0		100,107	233,170
15	Royalties	0			
16	Occupancy	0			_
17	Travel	266,025		68,597	197,428
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0		00,337	137,420
19	Conferences, conventions, and meetings	137,586		57,688	79,898
20	Interest	0		51,000	,
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	22,247	21,993	254	
23	Insurance	67,721		67,721	
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)	,		- 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
а	EMPLOYEE LEASING EXPENSE	3,651,402		1,646,767	2,004,635
b	BAD DEBT EXPENSE	1,490,696	1,490,696		
С	COMMUNITY RELATIONS	291,771		47,157	244,614
d	INVESTMENT EXPENSES	202,877		202,877	
e					•
f	All other expenses	277,158		243,658	33,500
25	Total functional expenses. Add lines 1 through 24f	77,856,269	67,855,487	6,362,772	3,638,010
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	,,	,,		rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 0 0 1 1 7,479,567 2 990.844 2 Savings and temporary cash investments . . . . . . . 3 41,739,809 3 42,363,528 528.559 414.870 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 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 6 0 0 0 7 0 0 8 0 0 9 9 Prepaid expenses and deferred charges . . . . . . 10a 2.130.602 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 925,656 b Less accumulated depreciation . . . . . 1,227,191 10c 1,204,946 403,640,404 11 381,428,598 11 60,550,547 64,689,577 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 4,098,606 15 3,726,860 15 519,264,683 16 494,819,223 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 6,115,306 17 8,656,647 17 Accounts payable and accrued expenses . 18 23.316.728 18 6,189,142 19 0 19 0 20 0 20 0 0 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 16,613,267 25 18,727,224 D . . . . 26 46,045,301 26 33,573,013 **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 3,176,194 27 2,468,723 Unrestricted net assets . . . . 163,693,019 28 144,342,132 28 Temporarily restricted net assets . . . . . Fund 29 306,350,169 29 314,435,355 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 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 . . . . . 473.219.382 33 461.246.210 34 Total liabilities and net assets/fund balances . . . . . 519.264.683 34 494.819.223

Pal	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		80,5	528,13
2	Total expenses (must equal Part IX, column (A), line 25)	2			356,26
3	Revenue less expenses Subtract line 2 from line 1	3		2,6	571,86
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		473,2	219,38
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-14,6	545,03
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		461,2	246,21
Par	<b>TXII</b> Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued		100	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

**Employer identification number** 

#### OMB No 1545-0047

Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

Name of the organization University of South Florida Foundation

59-0879015

Par	tΙ	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions		
The o	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box )			
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	$\Gamma$	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )			
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(</b> hospital's name, city, and state	iii). Ente	r the	
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	- ed in	
		section 170(b)(1)(A)(iv). (Complete Part II )			
6	$\Gamma$	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$ .			
7	굣	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	general	public	:
8	г	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )			
9	į_	An organization that normally receives (1) more than 331/3% of its support from contributions, membershi	p fees, ar	nd aro:	SS
_	'	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than		_	-
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
10	Г	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>sect</b> the box that describes the type of supporting organization and complete lines 11e through 11h		a)(3).	Chec
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)			
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supcheck this box	porting o	rganız	ation: T
g		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)		<u> </u>
		(ii) a family member of a person described in (i) above?	11g(ii)		<u> </u>
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
h		Provide the following information about the cupported organization(c)			

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

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

S	ection A. Public Support	o organización			noted below, pr				
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	<b>(f)</b> ⊤otal		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	62,848,86	4 42,379,683	37,270,262	76,547,593	53,054,677	272,101,079		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge	300,00	0 300,000	300,000	300,000	300,000	1,500,000		
4	<b>Total.</b> Add lines 1 through 3	63,148,86	4 42,679,683	37,570,262	76,847,593	53,354,677	273,601,079		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						61,787,499		
6	Public Support. Subtract line 5						211 012 500		
	from line 4						211,813,580		
	ection B. Total Support				<u> </u>				
Cale	endar year (or fiscal year	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	beginning in) A mounts from line 4	63,148,864	42,679,683	37,570,262	76,847,593	53,354,677	273,601,079		
8	Gross income from interest,	, ,	, ,	. ,	. ,	, ,			
	dividends, payments received on securities loans, rents, royalties and income from similar sources	12,593,214	11,531,119	12,607,182	11,818,429	9,823,960	58,373,904		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	99,526	0	99,526		
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	4,906,725	5,008,387	6,760,688	5,743,528	5,401,209	27,820,537		
11	Total support (Add lines 7 through 10)						359,895,046		
12	Gross receipts from related activit	ies, etc (See ins	tructions )			12	7,923,113		
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organi	zation,		
S	ection C. Computation of Pu								
14	Public Support Percentage for 201	1 (line 6 column	(f) divided by line	11 column (f))		14	58 854 %		
15	Public Support Percentage for 201	.0 Schedule A , P	art II, line 14			15	63 770 %		
16a	<b>33 1/3% support test—2011.</b> If the and <b>stop here.</b> The organization qu				line 14 is 33 1/3%	or more, check	this box		
b	<b>33 1/3% support test—2010.</b> If th				a, and line 15 is	33 1/3% or more,	check this_		
17a		t <b>—2011.</b> If the organized in the "	ganization did not o facts and circums	check a box on lir tances" test, che	ck this box and <b>st</b>	op here. Explain	- <del>-</del>		
b 18	In Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.  10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here.  Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.  Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions.								

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	<b>Supplemental Information.</b> 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: 93493134002723

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
- ◆ Section 527 organizations Complete Part I-A only

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

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

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

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

Name of	the organization
University	of South Florida Foundation

Employer identification number

59-0879015

Part I-A	Complete if the org	janization is exem	pt under section 50	<b>1</b> (c	c) or is a section	າ 527 org	janization.
----------	---------------------	--------------------	---------------------	-------------	--------------------	-----------	-------------

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

art I-B	Complete if	the organ	<u>ization is</u>	exempt und	er section	501(c)(	<u>3).</u>

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

☐ Yes

Yes

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

(a) Name	( <b>b)</b> Address	<b>(c)</b> 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 <b>∠</b>
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
expenses, and share of excess lobbying expenditures)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying)  Lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total obtaining purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  S1	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1 aand 1b)  Other exempt purpose expenditures (add lines 1 aand 1b)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  If the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  If the excess over \$1,000,000  If the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  If the excess over \$1,000,000  If the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  If the excess over \$1			expenses, and share of excess lob	bying expenditures)		_	•	
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:  Not over \$500,000  Diver \$500,000  Diver \$500,000  Diver \$500,000 but not over \$1,000,000  Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.)  Ital Total lobbying expenditures to influence public opinion (grass roots lobbying)  b 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  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  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  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S100,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  The lobbying nontaxable amount is:  Not over \$500,000  Over \$1,000,000  Over \$1,000,00					l.)		Organization's Totals	Group Totals
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: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,7000,000  Over \$1,000,000 but not over \$1,7000,000  S225,000 plus 15% of the excess over \$1,000,000  Over \$1,7000,000  Over \$1,7000,000  F17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$1,7000,000  F17,000,000  S1,000,000  F17,000,000  F17,000,		<b>-</b>			1 \		100013	1 ocars
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:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  In the excess over \$1,000,000  F1,000,000  F1,000,0				· -				
d O ther exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  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  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d)    Lobbying nontaxable amount Enter the amount from the following table in both columns   If the amount on line 1e, column (a) or (b) is:			,	b)				
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:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$17,000,000 but not over \$1,7000,000  Over \$17,000,000 but not over \$17,000,000  S225,000 plus 10% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  S1,000,000  S1,000,0	d	Otherexe	empt purpose expenditures					
Columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000  Over \$1,500,000  S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  S1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  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.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
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 \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Section \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1ffrom 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.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  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.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom 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.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  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.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  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.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
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.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
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.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 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.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
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>b</b> Lobbying ceiling amount				(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 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							

	,	<u> </u>	~ 9 '
Part II-B	Complete if the organiz	ation is exempt under section 501(c)(3) and has NOT filed Form 576	8
	(election under section	501(h)).	

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
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?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		303,040
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			303,040
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No	
Ь	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		ļ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
0.01	+ TU-A. Complete if the organization is exempt under section $E(1/c)/A$ section	E01/a	\/E\	- 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	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	4	
_	political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Explanation for other lobbying activities		\$7,190 was expended in general support of the University of South Florida Office of Government Relations during the 2011-2012 Florida State legislative session A fee of \$295,850 including expenses was paid to management consultant firms All monies were expended to support the interests of the University of South Florida, no monies were paid in support of or in opposition to any candidate for political office

DLN: 93493134002723

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**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

nternal Revenue Service		► Attach to Fe	► Attach to Form 990. ► See separate instructions.					
Name of the organization University of South Florida Foundation				Employer identific	ation number	er		
UNI	iversity of South Flori	iua i outiuatioti		59-0879015				
Pa			dvised Funds or Other Similar F		s. Comple	te ıf the		
	organiz	zation answered "Yes" to Form 99		(1) 5				
	Total number at	t and afware	(a) Donor advised funds	(b) Funds and	otner accou	nts		
1 2	Total number at	ributions to (during year)						
2 3		its from (during year)						
4		e at end of year						
5	Did the organiz	ration inform all donors and donor advi	sors in writing that the assets held in don	I or advised	☐ Yes			
_			organization's exclusive legal control?		Tes	1 140		
6	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for a		┌ Yes	┌ No		
Pa			if the organization answered "Yes" t	o Form 990, Part I	V, line 7.			
1 2	Preservati Protection Preservati Complete lines	onservation easements held by the or on of land for public use (e g , recreating of natural habitat on of open space 2a-2d if the organization held a qualing last day of the tax year	on or pleasure)	i historically importai certified historic stru i of a conservation	•	a		
	easement on ti	ie last day of the tax year		Held at th	e End of the	Vear		
а	Total number o	f conservation easements		2a	e Liid Oi Tile	rear		
ь	Total acreage i	restricted by conservation easements		2b				
c	_	servation easements on a certified his		2c				
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d				
3	the taxable yea	ar ▶	erred, released, extinguished, or terminate	ed by the organization	n during			
4 -		es where property subject to conserva						
5	_	itation have a written policy regarding the conservation easements it holds:	g the periodic monitoring, inspection, hand ?	dling of violations, an	☐ Yes	┌ No		
6	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents during the year	<u> </u>			
7	A mount of expe ► \$		ng, and enforcing conservation easements	s during the year				
8		servation easement reported on line 2 ) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes	┌ No		
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial					
Pai	rt IIII Organi	izations Maintaining Collectio	ons of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.			
1a	If the organizat art, historical t	tion elected, as permitted under SFAS reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or research ancial statements that describes these it	ch in furtherance of p		≘,		
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research in s					
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$		11,401		
	(ii) Assets incl	luded in Form 990, Part X		<b>►</b> \$	2,6	92,737		
2	If the organizat	·	orıcal treasures, or other sımılar assets fo S 116 relatıng to these items	or financial gain, prov	ride the			
а	Revenues inclu	ided in Form 990. Part VIII. line 1		<b>▶</b> \$				

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Trea</u>	asures, or O	<u>the</u>	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing tha	t are a significa	nt u	ise of its collectio	n	
а	Public exhibition		d	굣	Loan or	exchange progr	ams	i e		
b	Scholarly research		e	$\Gamma$	Other					
С	▼ Preservation for future generations									
4	Provide a description of the organization's content of the organization of the organiz	ollections and expla	ıın hov	w they	/ further t	he organızatıon	's ex	kempt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	✓ No
Par	Part IV, line 9, or reported an ar	ements. Compl	ete ıf	the o	organiza	tion answere		es" to Form 99	0,	<u>.                                    </u>
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?						ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able	Г		A		
	Barrana a balana					-	1-	Amo	unt	
ч С	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e f	Distributions during the year					-	1e 1f			
f 2-	Ending balance		- 245			L	TL		. <b>V</b>	
2a	Did the organization include an amount on F		e 21?					ı	Yes	│ No
	If "Yes," explain the arrangement in Part XI\				1 1154 11	1- 5 000		1 TV 1 40		
Рa	rt V Endowment Funds. Complete	(a)Current Year		Were Prior Y		to Form 990, (c)Two Years Back			(e)Four	Years Back
1a	Beginning of year balance	371,063,605	(1)		,232,785	287,137,93	_	379,527,648	(e)i oui	Tears back
b	Contributions	8,774,042			,439,335	8,273,84	_	11,931,482		
c	Investment earnings or losses	34,004		72,	,955,589	40,339,18	37	-73,531,956		
d	Grants or scholarships	15,321,160		15,	,325,783	15,421,13	37	17,550,782		
e	Other expenditures for facilities	0		1,	,069,321		0	6,281,457		
f	Administrative expenses	7,248,165		7,	,169,000	7,097,04	10	6,957,004		
g	End of year balance	357,302,326		371,	,063,605	313,232,78	35	287,137,931		
2	Provide the estimated percentage of the yea	r end balance held	as		<u>_</u>		•	<u> </u>		
а	Board designated or quasi-endowment	5 875 %								
b	Permanent endowment 94 125 %									
c	Term endowment ► 0 %									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held a	nd administered	d for	the		
	organization by								Yes	No
	(i) unrelated organizations			•				3a(i)	+	
	(ii) related organizations							3a(ii)		No
	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	0, Pa	irt X,	, line 10.					
	Description of property				) Cost or otl is (investme			(c) Accumulated depreciation	( <b>d)</b> Bo	ook value
1a	Land				685,	,345 388,	825			1,074,170
b	Buildings		•			633,	037	506,428		126,609
c	Leasehold improvements									
d	Equipment					283,	577	279,410		4,167
_ e	Other	<u></u>				139,	818	139,818		0
Tota	I. Add lines 1a-1e <i>(Column (d) should equal F</i> o	orm 990, Part X, colui	mn (B)	), line	10(c).) .			►		1,204,946
								Schedule D (	Form 9	90) 2011

Part VII Investments—Other Securities. Se	ee Form 990, Part X, line 12.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A) ADAMS STREET PARTNERS, LLC	28,696,008	F
(B) OAKTREE CAPITAL MGMT , LLC	17,753,280	F
(C) COMMONFUND CAPITAL, INC	8,954,490	F
(D) METROPOLITAN REAL EST MGMT LLC	6,844,231	F
(E) FLAG CAPITAL MANAGEMENT, LLC	2,441,568	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	► 64,689,577	
Part VIII Investments—Program Related. S	, ,	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	<b>+</b>	
Part IX Other Assets. See Form 990, Part X,		(I) Pack walve
<b>(a)</b> Desc	cription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) lin	e 15.)	
Part X Other Liabilities. See Form 990, Par		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes  AMOUNTS DUE TO THIRD PARTY BNF	18,270,879	
ANNUITIES AND LIFE INCME TRSTS	456,345	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	<b>▶</b> 18,727,224	
2 5 40 (100 740) 5 4 5 7 5 7 100		

1 2 3 4 5	Total revenue (Form 990, Part VIII, column (A), line 12)	1 1	
3 4 5		1	80,528,132
4 5	Total expenses (Form 990, Part IX, column (A), line 25)	2	77,856,269
5	Excess or (deficit) for the year Subtract line 2 from line 1	4	2,671,863
	Net unrealized gains (losses) on investments	5	-14,043,033
6	Donated services and use of facilities	6	
7	Investment expenses Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 - 8	9	-14,645,035
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-11,973,172
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	
1	Total revenue, gains, and other support per audited financial statements	1	62,485,135
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities	-	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		14645005
e	Add lines 2a through 2d	2e	-14,645,035
3 4	Subtract line <b>2e</b> from line <b>1</b>	3	77,130,170
4 a	Amounts included on Form 990, Part VIII, line 12, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b . 4a 3,397,962		
a b	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	3,397,962
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	80,528,132
	Reconciliation of Expenses per Audited Financial Statements With Expense	_	
1	Total expenses and losses per audited financial	.	74,458,307
2	statements	1	<del> </del>
2 a	Donated services and use of facilities		
a b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	74,458,307
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 3,397,962		
b	Other (Describe in Part XIV)	_	
c	Add lines <b>4a</b> and <b>4b</b>	4c	3,397,962
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	77,856,269
	Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F		
	students, faculty of the University	l intelle	old, creative ectual growth of
Inten	ded uses of endowment funds  Schedule D, Part V, Line 4  Schedule D, Part V, Line 4  The Foundation endowment consistently in growth and experiment and equipment associated with endowment and equipment endowment funds based on the existence or absociated in permanent endowment funds associated with endowment, (b) the origin permanent endowment, (a) the origin permanent endowment, (a) the origin permanent endowment, and permanent endowment, and permanent endowment, and permanent endowment, and permanent endowment, (b) the origin permanent endowment, and permanent endowment, (b) the origin permanent endowment, and permanent endowment and en accumulation is added to the fund donor-restricted endowment funds permanent processors.	(on the nity are sopposed for the leg of done is soft and present the leg of done is the leg of	rectual growth of Tampa and regional ad beyond The rtunities for innovative The Contemporary Art rerve, conserve, and the Contemporary Art rerve, conserve, and the Contemporary Art relative and major and catalogues, reservation The USF manages a permanent al conduit for the ribution of all private da, donations of works rent collection are the ref South Florida  reproximately 900 of purposes in support florida including refessorships, arch, etc The red endowment funds and rect Support rements Net assets resified and reported rements Net assets resified and reported rect support rements of the rect support rements of the residue and reported rements of the residue and reported rements of the remaining portion of the rect classified in

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134002723

OMB No 1545-0047

SCHEDULE F (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

Name of the organization

University of South Florida Foundation

▶ Attach to Form 990. ▶ See separate instructions.

**Employer identification number** 

59-0879015

Part I	General Information on Activities Outside the United States. Com	nplete	ıf the organization answered
	"Yes" to Form 990, Part IV, line 14b.		

For grantmakers. Does the	organization r	naintain record	s to substantiate the	amount of the grants o	 )r
assistance, the grantees' el	_			<del>-</del>	
the grants or assistance? .		_	·		「 Yes
-					
<b>For grantmakers.</b> Describe in P United States	art V the organiz	zatıon's procedur	es for monitoring the use	e of grant funds outside th	e
Activites per Region (Use Par	t V ıf addıtıonal s	pace is needed ]	)		
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Sub-Saharan Africa			Program Services	See Sch F, Part V	8,472
East Asia and the Pacific			Program Services	See Sch F, Part V	10,731
South Asia		1	Program Services	See Sch F, Part V	176,824
Central America and the Caribbean			Program Services	See Sch F, Part V	16,742
North America			Program Services	See Sch F, Part V	13,833
Europe (Including Iceland and Greenland)		1	Program Services	See Sch F, Part V	146,243
Middle East and North Africa			Program Services	See Sch F, Part V	28,744
Russia and the Newly Independent States			Program Services	See Sch F, Part V	2,086
Europe (Including Iceland and Greenland)			Fundraising	See Sch F, Part V	9,142
South America			Program Services	See Sch F, Part V	3,185
Sub-total		2			416,002
b Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

416,002

	) Name of ganızatıon	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	( <b>f)</b> 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, othe
			South Asıa		135,603	WIRETRANSFER			
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
<b>2</b> E	nter total nu ax-exempt b	ımber of recıpıeı yy the IRS, or fo	nt organizations lis or which the grante	ted above that are r e or counsel has pro	recognized as charit ovided a section 501	les by the foreign c .(c)(3) equivalency	ountry, recognized letter	as . ►	
3 E	nter total nu	ımber of other o	organizations or en	tities				. ▶	

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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.

	T					I	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Schedule F, Part V	Europe/Iceland/Greenland	1	22,076	wiretransfer			
<u></u>							
							L. F (Farms 000) 2011

#### 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>	굣	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)	⊽	Yes	Г	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)	ত	Yes	Г	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	F	Yes	Г	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	<b>ল</b>	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Page **5** 

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

ldentifier	Return Reference	Explanation
Organization's Procedures for Monitoring Use of Grant Funds Outside the US	Schedule F, Part I, Line 2	Foundation foreign program expenses consisted of two types. The first is travel expenses incurred by University employees for program service activities conducted outside of the United States. The Foundation's process for monitoring these expenses includes coding these types of expenses appropriately through the normal check disbursement process. The second relates to the USF BRIT program. The Foundation maintains a contract with a UK citizen living outside of the US to function as the London administrator of the University of South Florida British International Theatre (BRIT) program. The administrator is paid a fee for identifying and engaging artists for the program. To expedite the process of contracting guest artists from the United Kingdom, the Foundation also provides advanced funding to the administrator. The Foundation receives a financial report with supporting documentation (receipts) for all expenditures within ninety (90) days of the conclusion of the BRIT program annual event. Any difference will be returned to the Foundation or paid to the administrator as appropriate.

ldentifier	Return Reference	Explanation
Description of program services	Schedule F, Part I, Line 3(E) and Part II (d)	SANNAM S4 DELIVERS CONSULTING SERVICES TO SUPPORT USF ACHIEVING ITS INDIA OBJECTIVE WITH A PARTICULAR FOCUS ON INDIA SPECIFIC STUDENT RECRUITMENT, BRAND BUILDING AND IDENTIFICATION OF STRATEGIC PARTNERS FOR RESEARCH, TEACHING, COLLABORATIONS AND STUDENT EXCHANGE

Identifier	Return Reference	Explanation
Description of program services	Schedule F, Part I, Line 6(E) and Part III (A)	The USF BRIT Program strives to bring the best of both classical and contemporary approaches of British Theatre to the students in the USF School of Theatre and Dance and to audiences in Tampa, Florida Expenses are incurred in Europe to locate and engage professional directors and choreographers, leading voice and speech experts and top rate designers. These experts have brought their knowledge and experience in British classical theatre and contemporary cutting edge theatre to the students at USF in the form of hands on master classes and workshops. Program service expenses were also incurred for various travel related expenses. These expenses were incurred to support related educational, research, and service activities of USF in accordance with the mission of the Foundation.

Schedule F (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134002723

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Internal Revenue Service	► Attacl	Attach to Form 990 or Form 990-EZ. See separate instructions.						
Name of the organization University of South Florida F	oundation				<b>Employer iden</b> 59-0879015	tification number		
Part I Fundraising	Activities. Complet	te if the o	organizat	tion answered "Yes"		, line 17.		
1 Indicate whether the or					•	<u> </u>		
a Mail solicitations	<b>J</b>	<b>.</b>		Solicitation of noi				
<b>b</b> 🔽 Internet and e-mai	l solicitations		f	Solicitation of gov	vernment grants			
c 🔽 Phone solicitations	;		g	Special fundraisir	ng events			
<b>d</b>	ions							
<ul> <li>Did the organization had or key employees listed</li> <li>If "Yes," list the ten high to be compensated at least the compensated</li></ul>	d in Form 990, Part VII ihest paid individuals o	[) or entity r entities	y in conne (fundraise	ction with professional rs) pursuant to agreem	fundraising services?			
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(ii) Activity (iii) Di fundraiser custody control contributio		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
Ruffalo Cody and Associates	Annual Giving	Yes	No No	623,363	445,147	178,217		
- Associates	Aimual Giving		110	023,303	773,177	170,217		
Total			.►	623,363	445,147	178,217		
3 List all states in which licensing					een notified it is exempt	-		

Pai	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Total Events		
			TILT	Bulls Fest 2011	97	(Add col <b>(a)</b> through col <b>(c)</b> )		
			(event type)	(event type)	(total number)			
HIME	1	Gross receipts	329,150	169,018	1,302,399	1,800,567		
Revenue	2	Less Charitable contributions	294,320	23,850	652,550	970,720		
	3	Gross income (line 1 minus line 2)	34,830	145,168	649,849	829,847		
	4	Cash prizes			25	25		
ရှ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	798		27,188	27,986		
ន្ន	7	Food and beverages						
Direct	8	Entertainment			5,115	5,115		
△	9	Other direct expenses .	173,316	21,282	638,770	833,368		
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(866,494)		
	11	Net income summary Combine lii	nes 3 and 10 in column (	d)		-36,647		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))		
	1 (	Gross revenue						
ses	2 (	Cash prizes						
Expenses	3 1	Non-cash prizes						
	<b>4</b> F	Rent/facility costs						
Direct	5 (	Other direct expenses						
	6 \	Volunteer labor	┌ Yes	┌ Yes	┌ Yes			
	<b>7</b> [	Direct expense summary Add lines	s 2 through 5 in column (	d)	•	( )		
	8 1	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶ </u>			
9 a b	Is th	er the state(s) in which the organiza ne organization licensed to operate lo," Explain	gaming activities in each	n of these states?		· Fyes Fno		
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							

Sche	edule G (Form 990 or 990-EZ) 2011 Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in
а	The organization's facility
b	An outside facility
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
Ь	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the
	amount of gaming revenue retained by the third party 🕨 \$
С	If "Yes," enter name and address
	Name ▶
	Address •
16	Gaming manager information
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided 🟲
	Director/officer
17	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
_	retain the state gaming license?
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent
Pa	in the organization's own exempt activities during the tax year ► \$  rt IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)
$\overline{}$	

Identifier	ReturnReference	Explanation
Distinguishing Pymts for Prof Fundraising Services from Exp Pymt or Reimb	Senedale 6,1 dit 1, col v	The Foundation has contracted with a telemarketing service provider, Ruffalo CODY, in order to manage a twelve-month-ayear, on campus telephone fundraising program Payments are made based on this contract, and its agreed upon annual completed call rate. The Foundation has the right to terminate this agreement at any time and any reason upon sixty days written notice to the other party.
Fundraising Activities	Schedule G, Full II	Form 990 reporting requires contributions from fundraising events be reported on Line 1, Part VIII, therefore, Line 2, Part II, Schedule G subtracts contributions from fundraising receipts This results in a loss of (\$36,647) from the fundraising events on Line 11, Schedule G with the \$970,720 of contributions reflected on Line 1, Part VIII

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Part I General Information on Grants and Assistance

**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.

OMB No 1545-0047

DLN: 93493134002723

**Inspection** 

Department of the Treasury Internal Revenue Service

University of South Florida Foundation

Schedule I

(Form 990)

► Attach to Form 990 Name of the organization

Employer identification number

59-0879015

Form 990, Part I	V, line 21 for any	o Governments and recipient that received (90) if additional space (	l more than \$5,000.	Check this box if n	o one recipient rece	ved more than \$5,0	00. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) University of South Florida4202 E Fowler Ave Tampa,FL 33620	59-3102112	Govrmnt Entity	65,472,835				A cademic & Student Support
(2) Alumnı Association4202 E Fowler Ave Tampa,FL 33620	23-7357236	501(C)(3)	400,000				Alumnı Program Support

(a)Type of grant or assistance

(b) Number of

recipients

(f)Description of non-cash assistance

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(d)A mount of

non-cash assistance

(c)A mount of

cash grant

(e)Method of valuation

(book,

	recipients	cush grant	non cash assistance	FMV, appraisal, other)			
Part IV Supplemental	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						
Identifier Retui	rn Reference Exp	planation					

IdentifierReturn ReferenceExplanationDescription of Organization's Procedures for Monitoring the Use of GrantsSchedule I, Part I, Line 2GRANT EXPENSES ARE AMOUNTS TRANSFERRED DIRECTLY TO OR PAID ON BEHALF OF THE UNIVERSITY OR THE USE ALUMNI ASSOCIATION IN ACCORDANCE WITH DONOR RESTRICTIONS ALL EXPENSES RELATED TO THE USE OF THESE FUNDS ARE REVIEWED BY THE FOUNDATION BEFORE THEY ARE DISBURSED TO ENSURE THAT THE EXPENSES ARE BEING USED IN CONJUNCTION WITH FOUNDATION POLICIES MADE AVAILABLE TO THE UNIVERSITY THROUGH A PUBLIC WEBSITE ALSO, THE FOUNDATION HOLDS PERIODIC TRAININGS IN ORDER TO FURTHER ENSURE THAT EXPENDITURES ARE IN ACCORDANCE WITH THEIR INTENDED PURPOSES AND IRS REGULATIONS

DLN: 93493134002723

OMB No 1545-0047

**Schedule J** 

(Form 990)

Department of the Treasury Internal Revenue Service

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization	
University of South Florida Foundation	

**Employer identification number** 

59-0879015

Do	rt I Questions Regarding Compensation			
Pa	rt I Questions Regarding Compensation		V	N
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		Yes	No
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	✓ Compensation committee ✓ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
c	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.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
ь	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
ь	Any related organization?	6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III			_
	<u> </u>	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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)(I)-(III) 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	( <b>D)</b> Nontaxable	(E) Total of columns	( <b>F)</b> Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Judy L Genshaft	(I) (II)	0 421,756	0	0 44,671	0 21,882	0 12,815	0 501,124	0
(2) Arthur M Guilford	(1) (11)	0 207,266	0 0	0 8,820	0 18,962	0 12,815	0 247,863	0
(3) Margaret M Sullivan	(ı) (ıı)	0 252,256	0 7,650	0 1,020	0 21,546	0 14,717	0 297,189	0
(4) Ralph C Wilcox	(ı) (ıı)	0 334,800	0 0	0 11,424	0 20,421	0 12,815	0 379,460	0
(5) Marshall Goodman	(ı) (ıı)	0 254,911	0 10,000	0 9,656	0 21,715	0 12,815	0 309,097	0
(6) Joel Momberg	(ı) (ıı)	0 527,061	0 15,908	0 12,797	0 33,707	0 14,827	0 604,300	0
(7) Robert Fischman	(ı) (ıı)	0 161,617	0 9,974	0 1,040	0 15,155	0 12,815	0 200,601	0
(8) Noreen E Segrest	(ı) (ıı)	0 174,232	0 10,471	0 7,695	0 16,669	0 12,815	0 221,882	0
(9) Steven Blair	(I) (II)	0 197,675	0 11,098	3,402 10,028	0 18,919	0 12,815	3,402 250,535	0
(10) Rodney Grabowskı	(ı) (ıı)	0 221,443	0 11,755	0 9,563	0 20,581	0 12,815	0 276,157	0
(11) Deborah Lee Williams	(ı) (ıı)	0 184,994	0 10,650	0 9,559	0 17,214	0 8,870	0 231,287	0
(12) Julie Gillespie	(ı) (ıı)	0 128,801	0 6,057	0 7,620	0 10,331	0 12,815	0 165,624	0
(13) Vicki Mitchell	(ı) (ıı)	0 128,263	0 7,263	0 6,600	0 10,192	0 6,052	0 158,370	0
(14) Susan Murray	(ı) (ıı)	0 125,382	0 6,930	0 740	0 11,625	0 6,052	0 150,729	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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Schedule J	Employees of the University perform operating functions for the Foundation The University tracks, administers, and reports all payroll and fringe benefit costs. The Foundation transfers funds to the University for these costs, estimating the salary costs of individuals devoting effort to the Foundation and applies a 28% fringe benefit rate in addition to the base salary costs. The amount funded by the Foundation to the University was approximately \$3,951,000 for the year ended June 30, 2012
Supplemental Compensation Information	Schedule J, Line 1A	The Foundation paid for first-class or charter travel for the following employee listed on Part VII * Judy L Genshaft, President, University of South Florida The first-class or charter travel expenses incurred were for a bona fide business purpose and thus not included in the taxable compensation of this individual. The Foundation paid travel expenses for the spouses of the following employees listed on Part VII * Joel Momberg, Sr. Vice President, University Advancement and CEO, USF Foundation * Rodney Grabowski, Sr. Associate Vice President, University Advancement * Julie Gillespie, Associate Vice President-Principal & Leadership Gifts The travel expenses incurred by the employees spouses were for a bona fide business purpose and thus not included in the taxable compensation of these individuals. The Foundation paid social club dues or initiation fees, specifically for fundraising purposes for the following individuals listed on Part VII * Joel Momberg, Sr. Vice President, University Advancement and CEO, USF Foundation * Judy L. Genshaft, President, University of South Florida * Marshall Goodman, Vice President and CEO, University of South Florida Polytechnic * Arthur M. Guilford, Regional Chancellor, University of South Florida Sarasota Manatee * Ralph C. Wilcox, Executive VP and Provost, University of South Florida * Steve Blair, Associate Vice President and Chief Development Officer, USF Health Development * Rodney Grabowski, Sr. Associate Vice President, University Advancement * Deborah Lee Williams, Associate Vice President, Constituent Development The full amount of these payments is included in the individuals taxable compensation
Supplemental Compensation Information	Schedule J, Part II, Line B (III)	Included in other reportable compensation for Steve Blair is \$3,402 in unrelated compensation from USF College of Medicine Academic Support Fund This compensation was a reimbursement for insurance related expenses

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134002723

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

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.

2011

Open to Public Inspection

<b>Name of the organization</b> University of South Florida Foundation										tion numb	er	
Part I Excess Benefit Tran		ons (s	ection 501/	′c)(3) a	and section 501	(c)(4)		9-08790				
Complete if the organizat										ine 40b		
1 (a) Name of disq	ualıfıed	person		<b>(b)</b> Description o			of transaction			Cor	(c) Corrected?	
										Yes	No	
2 Enter the amount of tax impos section 4958									r r			
3 Enter the amount of tax, If any									•			
					e organization:	<u> </u>			Ψ —			
Part II Loans to and/or I					. D IV I 26		000	-7 D+ \	/ l.= - 20	_		
Complete if the organiz			a "Yes" on Fo	orm 990	Part IV, line 26	, or For	m 990-1	=2, Part v (f)		<u>a</u>		
(a) Name of interested person and		oan to om the	(c)0 rigi	ınal		(e)		Appro	ved	(g)Writi		
purpose	1	zation?	principal a		(d)Balance due	defa	ult?	by board or committee?		agreeme	ent?	
	То	From	1			Yes	No	Yes	No	Yes	No	
	$\vdash$	<u> </u>										
	+						+					
otal	<u> </u>			<b>▶</b> \$	•		'		•		•	
Part III Grants or Assistar Complete if the orga						/ line	27					
(a) Name of interested pers			<b>b)</b> Relatıonshı	ıp betwe	en interested per			nount of g	rant or ty	/pe of assi:	stance	
			and	d the or	ganızatıon	-						
		_										

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) SUNTRUST BANK	SEE PART V	36,535	BANK SERVICES		No
(2) TECO ENERGY FOUNDATION	SEE PART V	179,353	PAYMENT FOR SUITE USE		No

### **Supplemental Information**

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

Identifier	Return Reference	Explanation
Business Transactions Involving Interested Persons	Schedule L, Part IV	Keri A Gawrych is an Executive Vice President for SunTrust Bank Ms Gawrych also serves as a member of the USF Foundation Board of Directors SunTrust bank provides the USF Foundation with banking and trust services costing \$25,370 and \$11,165 respectively in fiscal year 2012 The Foundation selects its provider through a request for proposal process every 5-7 years or as the needs of the Foundation change This relationship was negotiated at arm's length through the normal course of business Gordon L Gillette is President of Tampa Electric & Peoples Gas (TECO) and a Director of Teco Energy Foundation Inc Mr Gillette also serves as Chairman on the USF Foundation Board of Directors The Foundation paid \$179,352 to TECO Energy Foundation, Inc for use of its suite in Raymond James Stadium during USF football home games The suite was used for donor cultivation and stewardship CONFLICTS OF INTEREST PROCEDURES WERE FOLLOWED IN ALL BOARD ACTIONS REGARDING THESE MATTERS

Schedule L (Form 990 or 990-EZ) 2011

DLN: 93493134002723

OMB No 1545-0047

Open to Public Inspection

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 University of South Florida Foundation

**Employer identification number** 

-	Turne of Paris				59-0879015			
Pa	rt I Types of Property	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d contribution	etermı	_	
1	Art—Works of art	X	5		Opinions of Experts			
	Art—Historical treasures .		,	11,101	pinions of Experts			
	Art—Fractional interests							
4	Books and publications	Х		178,187	Sale Comparable Pr	pt		
	Clothing and household	.,			·			
	goods	Х		59,695				
	Cars and other vehicles							
	Boats and planes	Х	7	282,339	Opinions of Experts			
	Intellectual property							
	Securities—Publicly traded .	X	15	13,008	Cost / Selling Price			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
	Food inventory	Х	6		Cost / Selling Price			
	Drugs and medical supplies .	Х	5	72,034	Cost / Selling Price			
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts		10	22.660	Cala Canananahla Da	t		
25	Other ► ( Miscellaneous )	X	18	23,669	Sale Comparable Pr	pt		
26	Landscaping Other ▶ ( materials )	X	7	4,643	Cost / Selling Price			
	Office			•				
	supplies &							
27	Other ► ( Equipment )	X	23	442,669	Cost / Selling Price			
28	Information Other ▶ (technology )	×	25	26 927 786	Cost / Selling Price			
29	Number of Forms 8283 received							
	for which the organization compl				29			6
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year	s from the	date of the initial contribution	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 gif	•		·		31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	les or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

#### 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
Use of third-party to sell non cash contributions	Schedule M, Line 32b	The Foundation uses a third party auctioneer service to sell donated items that it does not intend to keep in its permanent collection (like jewelry), or have an internal use for (like a vehicle). After the auctioneer finds a wiling buyer, the Foundation receives the proceeds of these transactions minus a service fee. The USF Foundation utilizes Charitable Auto. Resources (CARS) as a service provider for the facilitation of the WUSF Public Broadcasting division of the University of South Florida vehicle donation program. CARS acts as an authorized agent to process donated vehicles and provides written substantiation of donations to donors including appropriate tax forms. CARS retains a portion of the net vehicle donation program proceeds and distributes the remainder to the USF Foundation to benefit WUSF public broadcasting.

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134002723

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization	Employer identification number
University of South Florida Foundation	
	59-0879015

ldentifier	Return Reference	Explanation
EMPLOYEE COMPENSATION REPORTING	FORM 990, PARTS IV AND VIII-X	AS REPORTED ON FORM 990, PART I, LINE 5, THE UNIVERSITY OF SOUTH FLORIDA FOUNDATION ("USFF") DOES NOT HAVE EMPLOYEES HOWEVER, USFF SHARES THE COST OF PERSONNEL, SERVICES, FACILITIES, AND EXPENSES WITH THE UNIVERSITY OF SOUTH FLORIDA ("USF"), A RELATED ORGANIZATION THE COSTS OF THESE SERVICES ARE ALLOCATED TO USFF ON VARIOUS LINES OF PARTS VIII-X OF THIS RETURN

ldentifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS	FORM 990, PART VI, LINE 4	SUMMARY OF BYLAWS CHANGES OCTOBER 2011 (LOBAL CHANGES "USF" OR "UNIVERSITY" CHANGED TO "UNIVERSITY" SYSTEM" "FOUNDATION BOARD OF TRUSTESS" CHANGED TO "FOUNDATION BOARD" "TRUSTESS" CHANGED TO "FINANCE COMMITTEE" TITLES OF US FOSITIONS UPDATED SUBSTANTIVE CHANGES ARTICLE (SECTION 3) OVIDING MEMBERS ARE NOW ITHER "ELECTED" OR "DESIGNATED" AND NON-VOTION MEMBERS ARE SO TO MY OF "DESIGNATION" AND NON-VOTION MEMBERS ARE SO THE CHARGED THE CATEGORIES OF MEMBERSHE ON THE BOARD THE CATEGORIES OF MEMBERSHE ON THE BOARD THE CATEGORIES OF MEMBERSHE ON THE BOARD THE SECTION 3(A) ADDED TERM LIMITS FOR ELECTED MEMBERS AS CONSECUTIVE 3-YEAR TERMS MAY BE SERVED BEFORE AN ELECTED MEMBER MUST TAKE A MANDAT OWN ON EXPERIENCE 3-YEAR TERMS MAY BE SERVED BEFORE AN ELECTED MEMBER MUST TAKE A MANDAT OWN ONE APPOINTMENT 5-YEAR TERMS MAY BE SERVED BEFORE AN ELECTED MEMBER MUST TAKE A MANDAT OWN ONE APPOINTMENT FOR NEWBERS APPOINTED TO FILL A VACANCY WITH A PROMAINS OF LESS THAN 12 YEARS THE TERM SHE FIRST TERM AND THEY CAN SERVE 2 ADDITIONAL CONSECUTIVE TERMS FOR PROPERTY ON THE BOARD THEREAFTER THE PERSON IS ELIGBLE FOR RE-ELECTION ON MORE, THE PARTIAL TERM SHALL SERVE AS THEIR FIRST TERM AND THEY AND SELVE 2 ADDITIONAL CONSECUTIVE TERMS FOR PROPERTY OF THE VACANT FOR THE SELVEN AND THE SELVEN SHALL SERVE AS THEIR FIRST TERM AND THEY AND SELVE AS THE MEMBERS APPOINTED TO 3 CONSECUTIVE TERMS AFTER SERVING THE REMAINING TERM OF THE VACANT FOR THE VACANT FOR A THE SELVEN THE SELVEN THE SELVEN SHALL SERVE LITER SEMERITUS MEMBERS SHALL SHALL SHALL THE EMBERT SHALL SHA

ldentifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS	FORM 990, PART VI, LINE 4	A GUIDE FOR CONDUCTING BUSINESS MEETINGS BY DONALD A TORTORICE (1999)

ldentifier	Return Reference	Explanation						
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, LINE 6	THE FOUNDATION IS ESTABLISHED PURSUANT TO SECTION 1004 28 FLORIDA STATUTES, AS A DIRECT-SUPPORT ORGANIZATION OF THE UNIVERSITY OF SOUTH FLORIDA. THE GENERAL NATURE OF THE FOUNDATION IS TO PROVIDE PHILANTHROPIC SUPPORT, IN THE FORM OF MONEY AND OTHER FORMS OF RROPERTY AND SERVICES TO THE UNIVERSITY OF SOUTH FLORIDA SYSTEM ("UNIVERSITY SYSTEM") AND PERSONS, ASSOCIATIONS AND CORPORATIONS ASSOCIATED THEREWITH, TO PROMOTE EDUCATION AND OTHER RELATED ACTIVITIES OF THE UNIVERSITY SYSTEM AND TO ENCOURAGE RESEARCH, LEARNING AND DISSEMINATION OF INFORMATION THE FOUNDATION IS AUTHORIZED TO ACT AS THE FIDUCIARY AGENT ON BEHALF OF THE UNIVERSITY SYSTEM FOR THE RECEIPT, MANAGEMENT, AND DISTRIBUTION OF ALL PRIVATE GIFTS MADE TO OR FOR THE BENEFIT OF THE UNIVERSITY SYSTEM THE ROLE OF THE FOUNDATION BOARD SPECIFICALLY INCLUDES ENCOURAGING PHILANTHROPIC SUPPORT OF UNIVERSITY PRIORITIES, APPROVAL OF POLICY, OVERSIGHT OF FINANCIAL MANAGEMENT, PARTICIPATION IN LONG-RANGE STRATEGIC PLANNING, PROVIDING VOLUNTEER LEADERSHIP FOR THE UNIVERSITY SYSTEM FRESIDENT THE MEMBERS OF THE FOUNDATION SHALL BE THE FOUNDATION BOARD, COMPRISED OF THE VOTING MEMBERS, INCLUDING ELECTED AND DESIGNATION SHALL BE THE FOUNDATION BOARD, COMPRISED OF THE VOTING MEMBERS, INCLUDING ELECTED AND DESIGNATION SHALL BE MANAGED BY AND UNDER THE DIRECTION OF THE FOUNDATION BOARD, AND BY OFFICERS AND COMMITTEES  BY AND UNDER THE DIRECTION OF THE FOUNDATION BOARD, AND BY OFFICERS AND COMMITTEES  BY AND UNDER THE DIRECTION OF THE FOUNDATION BOARD, AND BY OFFICERS AND COMMITTEES  BY AND UNDER THE DIRECTION OF THE FOUNDATION BOARD, AND BY OFFICERS AND COMMITTEES  BY THESEOF, AS POWERS MAY BE DELEGATED TO SUCH OFFICERS AND COMMITTEES BY THESE BY LAWS OR BY RESOLUTION OF THE FOUNDATION BOARD (A) VOTING MEMBERS THE FOUNDATION (1) PRESIDENT OF THE UNIVERSITY SYSTEM (2) PROVOST AND EXECUTIVE VICE PRESIDENT OF THE UNIVERSITY SYSTEM (4) CHIEF OPERATING OFFICER OF THE UNIVERSITY SYSTEM (5) PRESIDENT OF THE UNIVERSITY SYSTEM (6) PRESIDENT OF THE UNIVERSITY SYSTEM (4) CHIEF OPERAT						

ldentifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	'	A COMPLETE DRAFT OF FORM 990, PREPARED INTERNALLY IN CONJUNCTION WITH OUTSIDE TAX ACCOUNTANTS AND REVIEWED BY UPPER MANAGEMENT IS MADE AVAILABLE ELECTRONICALLY TO ALL MEMBERS OF THE FOUNDATION BOARD FOR COMMENT AT LEAST ONE WEEK PRIOR TO FILING THE AUDIT COMMITTEE OF THE BOARD PERFORMS A THOROUGH AND DETAILED REVIEW OF THE FORM 990 AND OTHER FEDERAL FORMS PRIOR TO REVIEW BY THE FULL BOARD AND PRIOR TO FILING THE AUDIT COMMITTEE CONSISTS OF SIX (6) VOTING MEMBERS AND FIVE (5) NON-VOTING MEMBERS NON-VOTING MEMBERS INCLUDE MEMBERS OF THE BOARD THAT SERVE AS MANAGEMENT OF THE FOUNDATION OR THE UNIVERSITY

ldentifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, LINE 12C	DUE TO THE VARIED INTERESTS AND BACKGROUNDS OF THE MEMBERS OF THE BOARD, SITUATIONS INVOLVING POSSIBLE CONFLICTS OF INTEREST MAY ARISE. IT IS THE RESPONSIBILITY OF THE MEMBERS OF THE BOARD TO GOVERN THE USF FOUNDATIONS AFFAIRS HONESTLY, EXERCISING DUE CARE, SKILL AND JUDGMENT FOR THE BENEFIT OF THE FOUNDATION POTENTIAL OR APPARENT CONFLICTS OF INTEREST ARE DESCRIBED IN THE USF FOUNDATION CONFLICT OF INTEREST AND CONFIDENTIAL INFORMATION POLICY. IF A CONFLICT OF INTEREST, IN FACT, EXISTS, THE BOARD MEMBER SHALL DISCLOSE THE POTENTIAL OR APPARENT CONFLICT OF INTEREST IN THE ANNUAL CONFLICT OF INTEREST DISCLOSURE FOR BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES AND SHALL ABSTAIN FROM PARTICIPATION IN ANY VOTE OR DISCUSSION INVOLVING THE MATTER. THE USF FOUNDATION BOARD MANAGER IS RESPONSIBLE FOR THE ANNUAL DISTRIBUTION OF THE CONFLICT OF INTEREST AND CONFIDENTIAL INFORMATION POLICY AND THE COLLECTION OF THE ANNUAL CONFLICT OF INTEREST DISCLOSURE FOR BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES. THE BOARD MANAGER REPORTS ANY DISCLOSURE OF POTENTIAL OR APPARENT CONFLICTS WITH THE USF FOUNDATION'S CHAIR, CHIEF EXECUTIVE OFFICER AND RELEVANT COMMITTEE CHAIRPERSON.

ldentifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, LINE 15A AND 15B	THE USF FOUNDATION COMPENSATION COMMITTEE REVIEWED THE COMPENSATION PROVIDED BY THE USF FOUNDATION TO USF STAFF ALONG WITH MARKET SALARY DATA TO MAKE A DETERMINATION OF REASONABLENESS THE STAFF SELECTED FOR REVIEW, AS REQUIRED BY THE INTERNAL REVENUE SERVICE, INCLUDED OFFICERS OR MEMBERS OF USF FOUNDATION BOARD WHO RECEIVE COMPENSATION FROM THE USF FOUNDATION, KEY EMPLOYEES AND HIGHEST PAID STAFF AND HAVE HAD CHANGES IN THEIR COMPENSATION SINCE THEIR REVIEW IN THE PRIOR YEAR THE COMPENSATION COMMITTEE ALSO RECEIVED THE WRITTEN OPINION OF AN INDEPENDENT COMPENSATION CONSULTANT TO AID IN THE DETERMINATION OF REASONABLENESS THIS COMPENSATION REVIEW IS UNDERTAKEN TO OBTAIN THE BENEFIT OF THE REBUITTABLE PRESUMPTION OF REASONABLENESS UNDER THE IRS RULES THE COMPENSATION COMMITTEE MUST * BE COMPOSED ENTIRELY OF INDIVIDUALS UNRELATED AND NOT SUBJECT TO THE CONTROL OF THE INDIVIDUAL'S WHOSE COMPENSATION IS BEING REVIEWED, * OBTAIN APPROPRIATE DATA AS TO THE COMPARABILITY OF SALARY, AND * DOCUMENT THE BASIS FOR ITS DETERMINATION THAT THE INDIVIDUAL'S COMPENSATION IS REASONABLE IN LIGHT OF THAT DATA DURING THE DISCUSSION OF ANY INDIVIDUAL'S SALARY THAT INDIVIDUAL MUST LEAVE THE ROOM THE COMMITTEES CONCLUSIONS ARE DOCUMENTED IN THE OFFICIAL MINUTES OF THE MEETING THE COMPENSATION REVIEW OCCURS WHEN NEW HIRES ARE MADE TO KEY POSITIONS OR WHEN SALARY DATA IS SOLICITED FROM AN INDEPENDENT; UNIVERSITY OF SOUTH FLORIDA SR VICE PRESIDENT, UNIVERSITY ADVANCEMENT AND CEO, USF FOUNDATION WAS REVIEWED IN MAY 2012 FOR THE FOLLOWING POSITIONS BOARD MEMBERS PRESIDENT, UNIVERSITY OF SOUTH FLORIDA SR VICE PRESIDENT, UNIVERSITY ADVANCEMENT AND CEO, USF FOUNDATION ASSOCIATE VICE PRESIDENT, AND CHIEF DEVELOPMENT ASSOCIATE VICE PRESIDENT, UNIVERSITY ADVANCEMENT AND CEO, USF FOUNDATION DEFORMENT, ASSOCIATE VICE PRESIDENT, HOR DEVELOPMENT, ASSOCIATE VICE PRESIDENT, HOR DEVELOPMENT, ASSOCIATE VICE PRESIDENT, CONSTITUENT DEVELOPMENT, ADVANCEMENT AND CHIEF DEVELOPMENT, CONSTITUENT DEVELOPMENT, ASSOCIATE VICE PRESIDENT, OF DEVELOPMENT, GIFT PLANN

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

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990, PART VII, COLUMN B	THE FOLLOWING INDIVIDUALS DEVOTED AN ESTIMATED AVERAGE HOURS PER WEEK TO A RELATED ORGANIZATION, THE UNIVERSITY OF SOUTH FLORIDA (USF) JUDY L GENSHAFT - 35 HOURS MARSHALL GOODMAN - 35 HOURS ARTHUR M GUILFORD - 35 HOURS JOHN T SINNOTT - 35 HOURS MARGARET M SULLIVAN - 35 HOURS RALPH C WILCOX - 35 HOURS FORM 990, PART VII, COLUMN B DIRECTORS ARE NOT COMPENSATED FOR SERVICES AS A DIRECTOR TO THE BOARD

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS		OTHER CHANGES IN NET ASSETS OR FUND BALANCES DURING THE YEAR CONSISTED OF (\$14,645,035) IN UNREALIZED LOSSES ON INVESTMENTS CARRIED AT MARKET VALUE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493134002723

**SCHEDULE R** (Form 990)

# **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

Open to Public

ntemal Revenue Service					In	spectio	n
Name of the organization University of South Florida Foundation				Employer i	dentification number		
				59-08790	15		
Part I Identification of Disregarded Entities (Comp	lete if the organizati	on answered "Yes	s" on Form 990, Pa	rt IV, line 33.)			
<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (sta or foreign country	( <b>d)</b> te Total income )	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		I the organizatio	n answered "Yes"	on Form 990, F	Part IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(			<b>g)</b> 512(b)(13 rolled nization
(1) University of South Florida						Yes	No
4202 E Fowler Ave	Education	FL	GOVT		<sub>N/A</sub> NA		No
Tampa, FL 33620 59-3102112							
(2) USF Alumni Association							
4202 E Fowler Ave  Tampa, FL 33620 23-7357236	Alumnı Relatn	FL	501(C)(3)	11-Тур	e 3 NA		No
23-1331230							

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets			Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> 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>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

(6)

Part	Transactions With Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		
ľ	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Ye	No
<b>1</b> Dur	ng the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nizations listed in Parts	s II-IV?			
a l	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			18	1	No
Ь	ift, grant, or capital contribution to related organization(s)			11	Ye	<u> </u>
c (	ıft, grant, or capıtal contribution from related organization(s)			10	Ye	3
d I	oans or loan guarantees to or for related organization(s)			10	l Ye	<b>3</b>
e I	oans or loan guarantees by related organization(s)			16	2	No
f S	ale of assets to related organization(s)			11	f	No
g l	urchase of assets from related organization(s)			19	3	No
h I	xchange of assets with related organization(s)			11	1 Ye	<u> </u>
i L	ease of facilities, equipment, or other assets to related organization(s)			1	i	No
j L	ease of facilities, equipment, or other assets from related organization(s)			1	i	No
k i	erformance of services or membership or fundraising solicitations for related organization(s)			11	( Ye	5
I P	erformance of services or membership or fundraising solicitations by related organization(s)			1	l Ye	5
m s	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			11	n Ye	5
n s	haring of paid employees with related organization(s)			11	1 Ye	5
<b>o</b> 1	eimbursement paid to related organization(s) for expenses			10	Ye	5
p I	eimbursement paid by related organization(s) for expenses			11	Ye	<u> </u>
q (	ther transfer of cash or property to related organization(s)			10	7	No
r	ther transfer of cash or property from related organization(s)			11	r	No
<b>2</b> I	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i	ncluding covered relati	onships and transact	ion thresholds		
	(a)	(b) Transaction	(c)	(d) Method of determ	ining a	nount
	Name of other organization	type(a-r)	Amount involved	involve		nount
(1) 2)						
2)						
3)						
•						
4)						
-						
5)						

### 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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</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)		partners section to 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners Share of esection total income 01(c)(3)		(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> 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

# Software ID: Software Version:

**EIN:** 59-0879015

Name: University of South Florida Foundation

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

Compensated Employees, and Independent Contractors												
<b>(A)</b> Name and Title	(B) Average hours per		tion ( that a		/)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	week	Individual trustee 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		
Gordon L Gillette Chairman	5 0	Х		х				0	0	0		
Linda O Simmons	5 0	×		X				0	0	0		
Vice Chairman	5 0			^				0	0			
Oscar J Horton Assistant Treasurer	5 0	Х		Х				0	0	0		
Alan C Bomstein TREASURER	5 0	Х		Х				0	0	0		
Joe P Teague SECRETARY	5 0	Х		Х				0	0	0		
George Morgan Board Member	10	Х						0	0	0		
Leslie M Muma	1 0	X						0	0	0		
Board Member John R Schueler	1 0								0			
Board Member	10	Х						0	0	0		
Don A Arıpolı Board Member	1 0	Х						0	0	0		
Charles R Baumann Board Member	1 0	Х						0	0	0		
Delano E Bellew Board Member	1 0	Х						0	0	0		
Franklın N Bıggıns Board Member	1 0	Х						0	0	0		
Shaukat H Chowdharı Board Member	1 0	Х						0	0	0		
Cornelia G Corbett Board Member	1 0	Х						0	0	0		
TJ Couch Board Member	1 0	Х						0	0	0		
William A Eickhoff Board Member	1 0	Х						0	0	0		
Mark Fernandez Board Member	1 0	Х						0	0	0		
Kerı A Gawrych Board Member	1 0	Х						0	0	0		
Judy L Genshaft President, USF	5 0	Х						0	466,427	34,697		
Herbert Gimelstob Board Member	1 0	Х						0	0	0		
Rıchard Gonzmart Board Member	1 0	Х						0	0	0		
John C Greer Board Member	1 0	Х						0	0	0		
Arthur M Guilford Regional Chancellor SM	5 0	Х						0	216,086	31,777		
Rıchard Heruska Board Member	1 0	Х						0	0	0		
Pam Iorio Board Member	1 0	Х						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours		( ition that		y)		<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Stephanie H Johnson Board Member	1 0	х						0	0	0
Tina P Johnson Board Member	1 0	Х						0	0	0
Brian P Keenan Board Member	10	х						0	0	0
Thomas R Kennedy Board Member	1 0	Х						0	0	0
Victor P Leavengood Board Member	1 0	х						0	0	0
Ann Liguori Board Member	1 0	Х						0	0	0
Elizabeth G Lindsay Board Member	1 0	Х						0	0	0
John Long COO & SVP USF	1 0	Х						0	119,397	9,552
Lında D Marcellı Board Member	1 0	х						0	0	0
Roger D Monsour Board Member	1 0	х						0	0	0
Ray E Newton Board Member	1 0	Х						0	0	0
Betty Otter-Nickerson Board Member	1 0	Х						0	0	0
Carole F Philipson Board Member	1 0	Х						0	0	0
Frank J Rief III Board Member	1 0	х						0	0	0
Paul R Sanberg Board Member	1 0	Х						0	0	0
Nancy M Schneid Board Member	1 0	х						0	0	0
Robert Silvest Board Member	1 0	Х						0	0	0
Geoffrey A Sımon Board Member	1 0	Х						0	0	0
John T Sinnott Assoc Dean, College Medicine	5 0	Х						0	0	0
Richard Smith Board Member	1 0	х						0	0	0
Margaret M Sullivan Regional Chancellor SP	5 0	х						0	260,926	36,263
Charles F Touchton Board Member	1 0	х						0	0	0
David Touchton USFPolytechnic InterChancellor	5 0	х						0	0	0
Ralph C Wilcox Exec VP & Provost, USF	5 0	Х						0	346,224	33,236
Marshall Goodman VP & CEO , USF Polytechnic	5 0	х						0	274,567	34,530

# 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	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee 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
Vivien A Olivia Board Member	1 0	Х						0	0	0
Joel Momberg VP, Univ Adv & CEO USFF	400	Х		X				0	555,766	48,534
Robert Fischman Assoc VP, Bus & Fin, USFF CFO	400			X				0	172,631	27,970
Noreen E Segrest Assoc VP, Adv & USFF Counsel	400			Х				0	192,398	29,484
Steven Blair AVP of USF Health, USFF	400				х			3,402	218,801	31,734
Rodney Grabowskı Sr AVP & Campaign Dir, USFF	40 0				х			0	242,761	33,396
Deborah Lee Williams AVP, USFF	400				х			0	205,203	26,084
Julie Gillespie AVP Gifts, USFF	40 0					Х		0	142,478	23,146
Vıckı Mıtchell AVP Athletics, USFF	40 0					х		0	142,126	16,244
Susan Murray Sr Dir of Development USFF	40 0					Х		0	133,052	17,677
Kelly Ritrievi Sr Director Gift Plan, USFF	40 0					Х		0	122,658	16,717
Ronald A Sherman Dır of Development	400					Х		0	108,802	20,839