



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



Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

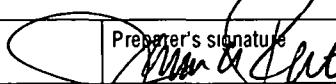
B Check if applicable	C Name of organization <b>USF RESEARCH FOUNDATION, INC.</b>		D Employer identification number <b>59-2959590</b>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing Business As Number, and street (or P O box if mail is not delivered to street address) <b>3802 SPECTRUM BOULEVARD</b>		Room/suite <b>100</b>
	City or town, state or country, and ZIP + 4 <b>TAMPA, FL 33612</b>		
	F Name and address of principal officer: <b>DR. PAUL R. SANBERG</b> <b>3702 SPECTRUM BLVD., SUITE 175, TAMPA, FL 33612</b>		G Gross receipts \$ <b>14,602,909.</b>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: <b>N/A</b>			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation <b>1989</b> M State of legal domicile <b>FL</b>

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE, ENCOURAGE AND ENHANCE RESEARCH ACTIVITIES AT THE UNIVERSITY OF SOUTH FLORIDA.</b>	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) <b>3</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) <b>5</b>	
	6 Total number of volunteers (estimate if necessary) <b>6</b>	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a 22,432.</b> b Net unrelated business taxable income from Form 990-T, line 34 <b>7b 20,432.</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h) <b>0.</b>	
	9 Program service revenue (Part VIII, line 2g) <b>11,182,356.</b>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>49,331.</b>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b>	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>11,231,687.</b>	
	Prior Year	Current Year
	<b>14,602,909.</b>	<b>0.</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b>	
	14 Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,165,089.</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>	
	b Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>8,641,149.</b>	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>9,806,238.</b>	
19 Revenue less expenses. Subtract line 18 from line 12 <b>1,425,449.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>95,111,606.</b>	<b>95,667,977.</b>
	<b>56,843,283.</b>	<b>54,219,873.</b>
	<b>38,268,323.</b>	<b>41,448,104.</b>

## Part II Signature Block

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

Sign Here		Date <b>5/9/13</b>			
	Signature of officer <b>DR. PAUL R. SANBERG, PRESIDENT</b>				
	Type or print name and title				
Paid	Print/Type preparer's name <b>JANICE A. RATICA</b>	Preparer's signature 	Date <b>4-30-13</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00358837</b>
Preparer	Firm's name ► <b>CHERRY BEKAERT LLP</b>		Firm's EIN ► <b>56-0574444</b>		
Use Only	Firm's address ► <b>1111 METROPOLITAN AVENUE, SUITE 1000 CHARLOTTE, NC 28204</b>		Phone no <b>704-377-1678</b>		

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

 Yes  No

10

SCANNED JUN 27 2013

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:**TO PROMOTE, ENCOURAGE AND ENHANCE RESEARCH ACTIVITIES AT THE UNIVERSITY OF SOUTH FLORIDA.**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.4a (Code       ) (Expenses \$ 6,505,398. including grants of \$       ) (Revenue \$ 10,324,954.)**THE RESEARCH FOUNDATION ASSISTS IN DEVELOPING HIGH-TECHNOLOGY BUSINESSES AND RESEARCH PARTNERSHIPS THAT BOOST THE ECONOMY AND CREATE HIGH-PAYING JOBS IN THE TAMPA BAY AREA BY DEVELOPING ITS USF RESEARCH PARK OF TAMPA BAY INTO A HUB FOR BIOTECHNOLOGY AND LIFE SCIENCES RESEARCH AND ENTREPRENEURSHIP.**4b (Code       ) (Expenses \$ 1,235,469. including grants of \$       ) (Revenue \$ 1,526,031.)**THE RESEARCH FOUNDATION PROVIDES A MECHANISM BY WHICH DISCOVERIES, INVENTIONS, PROCESSES AND WORK PRODUCTS OF USF FACULTY, STAFF AND STUDENTS CAN BE TRANSFERRED FROM THE UNIVERSITY LABORATORY TO BENEFIT THE PUBLIC. INCOME IS ALLOCATED IN ACCORDANCE WITH USF POLICY ON INVENTIONS AND WORKS TO INVENTORS AND THEIR RESEARCH SUPPORT FUNDS, AND FOR DIRECT SUPPORT OF RESEARCH AT THE UNIVERSITY.**4c (Code       ) (Expenses \$ 578,493. including grants of \$       ) (Revenue \$ 963,537.)**THE RESEARCH FOUNDATION RECEIVES AND ADMINISTERS CERTAIN BASIC RESEARCH AND CLINICAL TRIAL CONTRACTS AND GRANTS SPONSORED BY THE PRIVATE SECTOR AND FOUNDATIONS. THE GRANTS ARE PERFORMED BY UNIVERSITY FACULTY, STAFF AND STUDENTS.**4d Other program services (Describe in Schedule O.)(Expenses \$ 1,176,769. including grants of \$       ) (Revenue \$ 1,289,413.)4e Total program service expenses ► 9,496,129.

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors*?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- 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
- 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- 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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

- 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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- 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, Parts I and IV

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 United States? If "Yes," complete Schedule F, Parts II and IV

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 United States? If "Yes," complete Schedule F, Parts III and IV

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

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2		X
3		X
4	X	
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b	X	
11c		X
11d	X	
11e	X	
11f	X	
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
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	X
23	Did the organization answer "Yes" to Part VII, Section A, line 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	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
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	X
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	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31	X
	If "Yes," complete Schedule N, Part I		
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	X
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	X
34	Was the organization related to any tax-exempt or taxable entity?	34	X
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
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	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X

**Note.** All Form 990 filers are required to complete Schedule O

**Part V. Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	65
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
2b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a	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, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	a 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?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6a	X
6b		6b	
7a	7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
7b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
7c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
7d	d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
7f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
7g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9a	9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	9a	
9b	b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	10a	
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	11a	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13a	
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
	c Enter the amount of reserves on hand	13c	
14a	14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

1b 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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	1a	14	Yes	No
1b		6		
2			X	
3			X	
4			X	
5			X	
6			X	
7a	X			
7b	X			
8a	X			
8b	X			
9		X		

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

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

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?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a	X	
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b	X	

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►FL

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

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► DR. PAUL R. SANBERG, PH.D, D.SC. - (813) 974-1082  
3802 SPECTRUM BLVD., SUITE 100, TAMPA, FL 33612

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

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

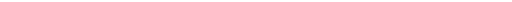
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) CHARLES BAUMANN DIRECTOR	1.00	X					0.	0.	0.
(2) SCOTT BESLEY DIRECTOR	1.00	X					0.	142,233.	20,154.
(3) RAJIV DUBEY DIRECTOR	1.00	X					0.	273,273.	39,308.
(4) RONNIE DUNCAN DIRECTOR	1.00	X					0.	0.	0.
(5) STEPHEN KLASKO DIRECTOR	1.00	X					0.	1,583,799.	40,009.
(6) JOHN LONG DIRECTOR	1.00	X					0.	119,397.	10,396.
(7) GEORGE MORGAN DIRECTOR	1.00	X					0.	0.	0.
(8) BRUCE REGISTER DIRECTOR	1.00	X					0.	0.	0.
(9) HARRY VENEZIA DIRECTOR	1.00	X					0.	0.	0.
(10) RALPH WILCOX DIRECTOR	1.00	X					0.	346,224.	37,133.
(11) LEE WRIGHT DIRECTOR	1.00	X					0.	0.	0.
(12) PAUL R. SANBERG DIRECTOR & PRESIDENT (AS OF 4.4.12)	15.00	X	X				0.	362,367.	43,335.
(13) NICK TRIVUNOVICH DIRECTOR & TREASURER	5.00	X	X				0.	205,472.	34,134.
(14) ROBERT FORSYTHE DIRECTOR	1.00	X					0.	291,467.	37,507.
(15) ALLISON MADDEN SECRETARY (AS OF 6.26.12)	5.00		X				0.	102,987.	24,879.
(16) RODNEY CASTO DIRECTOR & SECRETARY	20.00		X				0.	236,209.	35,163.
(17) KAREN HOLBROOK DIRECTOR & PRESIDENT	10.00		X				0.	342,391.	32,121.

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

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

0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1c? If "Yes," complete Schedule I for such individual.

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

4	X
5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CARTER & ASSOCIATES SERVICES, LLC, 171 17TH STREET, SUITE 1200, ATLANTA, GA 30363	PROJECT MANAGER	4,263,229.
BERENATO WHITE & STAVISH, LLC, 6550 ROCK SPRING DRIVE, SUITE 240, BETHESDA, MD	LEGAL SERVICES	661,966.
JAMES PIRIUS, 28650 VIA D AREZZO DRIVE, BONITA SPRINGS, FL 34135-6980	LOBBYIST	292,500.
THE DAVEY TREE EXPERTS PO BOX 94532, CLEVELAND, OH 44101	LANDSCAPING SERVICES	165,585.
PARKING LOT SERVICES PO BOX 23125, TAMPA, FL 33623-2125	ROAD RESURFACING	151,057.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►	7	

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Grants, and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a PROPERTY RENTAL REVENUE	Business Code 900099	7,128,691.	7,124,191.	4,500.	
	b ECONOMIC DEVELOPMENT S	900099	3,780,263.	3,780,263.		
	c ROYALTIES/LICENSES/OPT	900099	1,942,031.	1,942,031.		
	d CONTRACTS & GRANTS	900099	578,493.	578,493.		
	e ADMINISTRATIVE FEES	900099	385,044.	385,044.		
	f All other program service revenue	900099	289,413.	289,413.		
	g Total. Add lines 2a-2f		14103935.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		303,242.	4,571.	17,932. 280,739.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents		(i) Real	(ii) Personal			
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	195,732.	195,732.			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		195,732.				
12 Total revenue. See instructions		14602909.	14299738.	22,432.	280,739.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	30,384.	30,384.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	734,816.	372,655.	362,161.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	48,956.	23,468.	25,488.	
9 Other employee benefits	136,822.	58,593.	78,229.	
10 Payroll taxes	52,631.	21,987.	30,644.	
11 Fees for services (non-employees):				
a Management				
b Legal	44,615.	44,615.		
c Accounting	96,073.		96,073.	
d Lobbying	292,500.		292,500.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	84,710.	41,745.	42,965.	
g Other	13,775.	13,775.		
12 Advertising and promotion	68,769.	46,866.	21,903.	
13 Office expenses	676,956.	676,956.		
14 Information technology	1,901,239.	1,901,239.		
15 Royalties	18,078.	10,914.	7,164.	
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,727,925.	1,727,925.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,479,764.	2,479,403.	361.	
23 Insurance	338,141.	317,743.	20,398.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a REPAIRS & MAINTENANCE	825,819.	812,235.	13,584.	
b TECHNOLOGY EXPENSE (INT)	556,513.	556,513.		
c REAL ESTATE TAXES	139,640.	139,640.		
d MATERIALS & SUPPLIES	115,992.	87,716.	28,276.	
e All other expenses	135,164.	131,757.	3,407.	
25 Total functional expenses. Add lines 1 through 24e	10,519,282.	9,496,129.	1,023,153.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ►  if following SOP 98-2 (ASC 958-720)

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,888,437.	1	2,254,183.
	2 Savings and temporary cash investments		2	28,959.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	606,042.	4	588,302.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	181,469.	9	137,322.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 64,462,245.		
	b Less: accumulated depreciation	10b 11,728,970.	10c	52,733,275.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	25,608,931.	12	25,082,006.
	13 Investments - program-related. See Part IV, line 11	1,588,185.	13	509,936.
	14 Intangible assets	8,036,535.	14	7,920,624.
	15 Other assets See Part IV, line 11	5,875,937.	15	6,413,370.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	95,111,606.	16	95,667,977.
Liabilities	17 Accounts payable and accrued expenses	2,571,553.	17	2,403,294.
	18 Grants payable		18	
	19 Deferred revenue	1,579,084.	19	1,014,317.
	20 Tax-exempt bond liabilities	26,055,000.	20	25,355,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	13,215,000.	23	12,525,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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 D	13,422,646.	25	12,922,262.
	26 Total liabilities. Add lines 17 through 25	56,843,283.	26	54,219,873.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	38,268,323.	27	41,448,104.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	38,268,323.	33	41,448,104.
	34 Total liabilities and net assets/fund balances	95,111,606.	34	95,667,977.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	14,602,909.
2	10,519,282.
3	4,083,627.
4	38,268,323.
5	-903,846.
6	41,448,104.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 b Were the organization's financial statements audited by an independent accountant?  
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  
 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

USF RESEARCH FOUNDATION, INC.

Employer identification number  
**59-2959590**

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)	X	
11g(ii)	X	
11g(iii)	X	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?	(vii) Amount of support
				Yes	No		
UNIVERSITY OF SOUTH FLO	59-31021122		X		X	X	
Total	1						0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					<b>12</b>	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)organization, check this box and **stop here****Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

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

**b 33 1/3% support tests - 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 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Department of the Treasury  
Internal Revenue Service

**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), then

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

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

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

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

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

Name of organization

USE RESEARCH FOUNDATION, INC.

**Employer identification number**

59-2959590

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2** Political expenditures
- 3** Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955      ► \$ \_\_\_\_\_  
2 Enter the amount of any excise tax incurred by organization managers under section 4955      ► \$ \_\_\_\_\_  
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?       Yes       No  
4a Was a correction made?       Yes       No

b If "Yes," describe in Part IV.

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

- 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 function activities ► \$ \_\_\_\_\_
- 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  No
- 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.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule C (Form 990 or 990-EZ) 2011**

LHA

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

A Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ►  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) <b>c</b> Total lobbying expenditures (add lines 1a and 1b) <b>d</b> Other exempt purpose expenditures <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left; padding: 2px;">The lobbying nontaxable amount is:</th> </tr> <tr> <td style="text-align: left; padding: 2px;">Not over \$500,000</td> <td style="text-align: left; padding: 2px;">20% of the amount on line 1e.</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Over \$500,000 but not over \$1,000,000</td> <td style="text-align: left; padding: 2px;">\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Over \$1,000,000 but not over \$1,500,000</td> <td style="text-align: left; padding: 2px;">\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Over \$1,500,000 but not over \$17,000,000</td> <td style="text-align: left; padding: 2px;">\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Over \$17,000,000</td> <td style="text-align: left; padding: 2px;">\$1,000,000.</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.	.....	.....
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0. <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0. <b>j</b> 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 of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1l below, provide in Part IV a detailed description of the lobbying activity.	(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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1l)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		292,500.
j Total. Add lines 1c through 1l			292,500.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

MR. PIRIUS WORKS WITH THE LEADERSHIP, DEANS AND FACULTY AT THE UNIVERSITY OF SOUTH FLORIDA TO HELP THEM ENGAGE WITH MEMBERS OF OUR CONGRESSIONAL DELEGATION IN WASHINGTON, D.C. MR. PIRIUS IS WELL INFORMED ABOUT LOBBYING AND THE PRIORITIES OF OUR FACULTY AND IS EQUALLY AWARE OF HOW THAT EXPERTISE WILL BENEFIT THE DECISIONS OF OUR

**Part IV Supplemental Information (continued)**

## LEGISLATORS.

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

**2011**Open to Public  
Inspection

Name of the organization

USF RESEARCH FOUNDATION, INC.

Employer identification number  
59-2959590**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other \_\_\_\_\_  
 c  Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

by:

(i) unrelated organizations  
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Yes	No
3a(i)	
3a(ii)	
3b	

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,739,633.		8,739,633.
b Buildings		50,975,128.	10,545,745.	40,429,383.
c Leasehold improvements				
d Equipment		4,746,964.	1,183,225.	3,563,739.
e Other			520.	520.

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

► 52,733,275.

Schedule D (Form 990) 2011

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) USF FOUNDATION INVESTMENT	12,897,297.	END-OF-YEAR MARKET VALUE
(B) VANGUARD 0030 PRIME MONEY		
(C) MARKET	942,471.	END-OF-YEAR MARKET VALUE
(D) VANGUARD 1349 ST BOND		
(E) INDEX	11,242,238.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
(I)		
<b>Total. (Col. (b) must equal Form 990, Part X, col (B) line 12 ) ►</b>	<b>25,082,006.</b>	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Col. (b) must equal Form 990, Part X, col (B) line 13 ) ►</b>		

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

(a) Description	(b) Book value
(1) NON-CURRENT PROPERTY RENT ACCRUAL AND OTHER RECEIVABLES	666,082.
(2) DEFERRED OUTFLOW OF RESOURCES - INTEREST RATE SWAP	5,367,300.
(3) LONG-TERM PORTION OF UNAMORTIZED LOAN COSTS, NET	379,988.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►</b>	<b>6,413,370.</b>

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO UNIVERSITY OF SOUTH FLORIDA	7,415,755.
(3) INTEREST RATE SWAP LIABILITY	5,367,300.
(4) TENANT SECURITY DEPOSITS	95,316.
(5) PREPAID TENANT RENT	43,891.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►</b>	<b>12,922,262.</b>

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

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,602,909.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	10,519,282.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,083,627.
4 Net unrealized gains (losses) on investments	4	-885,914.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	-17,932.
9 Total adjustments (net). Add lines 4 through 8	9	-903,846.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,179,781.

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

1 Total revenue, gains, and other support per audited financial statements	1	13,699,063.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	-885,914.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	-885,914.
3 Subtract line 2e from line 1	3	14,584,977.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	17,932.
c Add lines 4a and 4b	4c	17,932.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	14,602,909.

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

1 Total expenses and losses per audited financial statements	1	10,519,282.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	10,519,282.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,519,282.

**Part XIV Supplemental Information**

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

**PART X, LINE 2: THE RESEARCH FOUNDATION PERIODICALLY ASSESSES WHETHER**

IT HAS INCURRED INCOME TAX EXPENSE OR RELATED INTEREST OR PENALTIES IN

ACCORDANCE WITH ACCOUNTING FOR UNCERTAIN TAX POSITIONS. NO SUCH AMOUNTS

WERE RECOGNIZED IN FISCAL YEAR 2012.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

K-1 INVESTMENT INCOME NOT INCLUDED ON FINANCIAL STATEMENTS

-17,932.

**Part XIV Supplemental Information (continued)**

PART XII, LINE 4B - OTHER ADJUSTMENTS:

## INCOME FROM PARTNERSHIPS

17,932.

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

USF RESEARCH FOUNDATION, INC.

Employer identification number  
59-2959590**Part I Questions Regarding Compensation**

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.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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:

- Receive a severance payment or change-of-control payment?
- Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

	Yes	No
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT BESLEY	0.	0.	0.	0.	0.	0.	0.
2 RAJIV DUBEY	141,233.	1,000.	0.	12,368.	7,786.	162,387.	0.
3 STEPHEN KLASTKO	271,353.	900.	1,020.	22,021.	17,287.	312,581.	0.
4 RALPH WILCOX	371,993.	125,000.	11,086,806.	19,364.	20,645.	1,623,808.	0.
5 PAUL R. SANBERG	334,800.	0.	11,424.	20,421.	16,712.	383,357.	0.
6 NICK TRIVUNOVICH	353,347.	7,400.	1,620.	24,484.	18,851.	405,702.	0.
7 ROBERT FORSYTHE	199,435.	6,037.	0.	18,394.	15,740.	239,606.	0.
8 RODNEY CASTO	282,833.	8,634.	0.	20,844.	16,663.	328,974.	0.
9 KAREN HOLBROOK	192,027.	6,533.	37,649.	21,028.	14,135.	271,372.	0.
10	330,772.	9,999.	1,620.	24,318.	7,803.	374,512.	0.
11							
12							
13							
14							
15							
16							

**Part III** **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE FOUNDATION HAS NO FULL TIME EMPLOYEES. KEY PERSONNEL IN SUPPORT OF THE FOUNDATION ARE UNIVERSITY EMPLOYEES AND ARE SUBJECT TO COMPENSATION, CLASSIFICATION AND ALL OTHER PERSONNEL POLICIES OF THE UNIVERSITY. THE UNIVERSITY PERIODICALLY REVIEWS ITS CLASSIFICATION AND COMPENSATION STRUCTURE.

**SCHEDULE K**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ See separate instructions.

OMB No. 1545-0047  
**Open to Public  
 Inspection**

Name of the organization

USF RESEARCH FOUNDATION, INC.

**Part I Bond Issues**

(a) Issuer name		(b) Issuer EIN		(c) CUSIP #		(d) Date issued		(e) Issue price		(f) Description of purpose		(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
SEE	PART VI FOR	COLUMN S	(A)	AND	(F)	CONTINUATIONS	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
UNIVERSITY OF SOUTH	A FLORIDA RESEARCH FOUNDATION	59-2959590	NONE	08/24/04	18455000	FINANCE											
<b>B</b>						CONSTRUCTION OF C	X	X	X	X							
<b>C</b>																	
<b>D</b>																	

**Part II Proceeds**

	(A)		(B)		(C)		(D)										
1 Amount of bonds retired																	
2 Amount of bonds legally defeased																	
3 Total proceeds of issue							18,455,000.										
4 Gross proceeds in reserve funds																	
5 Capitalized interest from proceeds																	
6 Proceeds in refunding escrows																	
7 Issuance costs from proceeds							131,185.										
8 Credit enhancement from proceeds																	
9 Working capital expenditures from proceeds							19,448,975.										
10 Capital expenditures from proceeds																	
11 Other spent proceeds																	
12 Other unspent proceeds																	
13 Year of substantial completion							2005										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No							
14 Were the bonds issued as part of a current refunding issue?									X								
15 Were the bonds issued as part of an advance refunding issue?									X								
16 Has the final allocation of proceeds been made?									X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?									X								

**Part III Private Business Use**

**1** Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?

**2** Are there any lease arrangements that may result in private business use of bond-financed property?

**Part III. Private Business Use (Continued)**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	X			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?	X			
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X			
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	▲	• 61 %	%	%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	▲	• 00 %	%	%
<b>6</b> Total of lines 4 and 5		• 61 %	%	%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X			

**Part IV. Arbitrage**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X			
<b>2</b> Is the bond issue a variable rate issue?	X			
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			
<b>b</b> Name of provider	BANK OF AMERICA			
<b>c</b> Term of hedge	10.0000000			
<b>d</b> Was the hedge superintegrated?	X			
<b>e</b> Was the hedge terminated?	X			
<b>4a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			
<b>b</b> Name of provider				
<b>c</b> Term of GIC				
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X			
<b>5</b> Were any gross proceeds invested beyond an available temporary period?	X			
<b>6</b> Did the bond issue qualify for an exception to rebate?	X			

**Part V. Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement  
 Yes  No  
 program of self-remediation is not available under applicable regulations

**Part VI. Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

SEE PART VI SUPPLEMENTAL EXPLANATION SHEET

**Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.**

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: UNIVERSITY OF SOUTH FLORIDA RESEARCH FOUNDATION, INC.

(F) DESCRIPTION OF PURPOSE: FINANCE CONSTRUCTION OF CAPITAL IMPROVEMENTS

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

USF RESEARCH FOUNDATION, INC.

Employer identification number  
59-2959590

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TAMPA BAY TECHNOLOGY INCUBATOR PROGRAM

EXPENSES \$ 1,176,769. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,289,413.

FORM 990, PART VI, SECTION A, LINE 7A: THE UNIVERSITY OF SOUTH FLORIDA PRESIDENT APPOINTS UP TO 2 FACULTY MEMBERS AND UP TO 10 NON-USF FACULTY MEMBERS TO THE BOARD OF DIRECTORS. ONE MEMBER OF THE BOARD OF DIRECTORS IS A DESIGNEE MEMBER OF THE UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B: THE PROPERTY AFFAIRS, ACTIVITIES AND CONCERNS OF THE RESEARCH FOUNDATION SHALL BE VESTED IN THE BOARD OF DIRECTORS. ALL MANAGEMENT FUNCTIONS SHALL BE EXERCISED BY THE BOARD OF DIRECTORS, SUBJECT TO DELEGATION BY THE BOARD TO THE OFFICERS AND THE EXECUTIVE COMMITTEE. THE PRESIDENT OF THE UNIVERSITY OF SOUTH FLORIDA SHALL HAVE AUTHORITY AND RESPONSIBILITY TO MONITOR AND CONTROL THE USE OF THE UNIVERSITY'S RESOURCES AND NAME IN ACCORDANCE WITH APPLICABLE FLORIDA LAWS AND BOARD OF TRUSTEES AND UNIVERSITY OF SOUTH FLORIDA RULES AND POLICIES.

CHANGES TO THE ARTICLES OF INCORPORATION MAY BE MADE BY TWO-THIRDS (2/3) VOTE OF THE BOARD OF DIRECTORS AT ANY MEETING OF THE BOARD, AND IN ALL INSTANCES, WITH THE WRITTEN CONCURRENCE OF THE PRESIDENT OF THE UNIVERSITY.

ANY DIRECTOR OR DIRECTORS (EXCEPT FOR THE DIRECTOR APPOINTED BY THE CHAIRMAN OF THE BOARD OF TRUSTEES) MAY BE REMOVED FROM OFFICE BY THE PRESIDENT OF THE UNIVERSITY OF SOUTH FLORIDA.

Name of the organization

USF RESEARCH FOUNDATION, INC.

Employer identification number

59-2959590

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE REVIEWS AND RECOMMENDS ACCEPTANCE OF THE FORM 990 PRIOR TO ITS SUBMISSION. ALSO, A COPY OF THE FORM 990 IS SENT TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY REQUIRES ANNUAL DISCLOSURE, PROVIDES FOR A HEARING PROCESS FOR SUSPECTED VIOLATIONS AND CORRECTIVE OR DISCIPLINARY ACTION SHOULD THAT HEARING PROCESS DETERMINE A VIOLATION. PRIOR TO TAKING A SEAT AS A DIRECTOR OR A COMMITTEE MEMBER, AND ANNUALLY THEREAFTER AS LONG AS SUCH PERSON CONTINUES TO SERVE AS A DIRECTOR OR COMMITTEE MEMBER, SUCH PERSON SHALL COMPLETE, SIGN AND DELIVER TO THE PRESIDENT OF THE ORGANIZATION A DISCLOSURE STATEMENT AFFIRMING THAT SUCH PERSON (A) HAS RECEIVED A COPY OF THE ORGANIZATION'S CONFLICTS OF INTEREST POLICY, (B) HAS READ AND UNDERSTANDS THE POLICY, (C) HAS AGREED TO COMPLY WITH THE POLICY, AND (D) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. IN THE EVENT OF A CONFLICT, THAT PERSON WILL RECUSE HIMSELF/HERSELF FROM ALL DISCUSSIONS AND VOTES.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION ADHERES TO AN OUTLINED PHILOSOPHY AND STRATEGY WITH REGARDING HOW IT DETERMINES COMPENSATION FOR ITS EXECUTIVE DIRECTOR. THE BASIC PRINCIPLES ARE TO ENSURE PAY IS COMPETITIVE, IS ENHANCED FOR THE ACQUISITION AND APPLICATION OF COMPETENCIES/CONTRIBUTIONS VALUED BY USF, AND IS ENHANCED FOR SUCCESSFUL OUTCOMES.

Name of the organization

USF RESEARCH FOUNDATION, INC.

Employer identification number

59-2959590

THE USF RESEARCH FOUNDATION DOES NOT HAVE A FORMAL PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS AS IT DOES NOT COMPENSATE ANY OF ITS BOARD MEMBERS, AND THE OFFICERS ARE COMPENSATED THROUGH A RELATED PARTY (THE UNIVERSITY OF SOUTH FLORIDA). KEY PERSONNEL IN SUPPORT OF THE FOUNDATION ARE SUBJECT TO COMPENSATION, CLASSIFICATION AND ALL OTHER PERSONNEL POLICIES OF THE UNIVERSITY.

FORM 990, PART VI, SECTION C, LINE 19: IT IS THE RESEARCH FOUNDATION'S POLICY, UPON RECEIPT OF A REASONABLE AND SPECIFIC REQUEST IN WRITING, TO MAKE PUBLIC RESEARCH FOUNDATION FINANCIAL INFORMATION, INCLUDING EXPENDITURES FROM RESEARCH FOUNDATION FUNDS, DOCUMENTATION REGARDING COMPLETED BUSINESS TRANSACTIONS AND INFORMATION ABOUT THE INVESTMENT AND MANAGEMENT OF RESEARCH FOUNDATION ASSETS; HOWEVER, THE RESEARCH FOUNDATION WILL NOT RELEASE PROPRIETARY INFORMATION. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE USF RESEARCH FOUNDATION WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

<u>NET UNREALIZED LOSSES ON INVESTMENTS:</u>	<u>-885,914.</u>
<u>K-1 INVESTMENT INCOME NOT INCLUDED ON FINANCIAL STATEMENTS</u>	<u>-17,932.</u>
<u>TOTAL TO FORM 990, PART XI, LINE 5</u>	<u>-903,846.</u>

► 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.

### Name of the organization

WISER RESEARCH FOUNDATION, INC.

Information on Disclosed Entities / Committees of the organization answered "Yes" to Form 990 Part IV Line 33.)

## Part I Identification of Disregarded Entities (Complete in the Organization Answered)

**Part II** **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Organizations during the tax year	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No						
UNIVERSITY OF SOUTH FLORIDA - 59-3102112	4202 E. FOWLER AVENUE	EDUCATION	FLORIDA	115(I)	N/A	N/A	X
	</td						

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

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

## Part III Identification of Related Organizations Taxable as a Partnership

the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF SOUTH FLORIDA	C	700,000	FMV	
(2) UNIVERSITY OF SOUTH FLORIDA	I	5,781,328	FMV	
(3) UNIVERSITY OF SOUTH FLORIDA	N	992,859	FMV	
(4) UNIVERSITY OF SOUTH FLORIDA	P	3,109,286	FMV	
(5) UNIVERSITY OF SOUTH FLORIDA	Q	1,120,269	FMV	
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

**Part VII** **Supplemental Information**

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions <b>USF RESEARCH FOUNDATION, INC.</b>	Employer identification number (EIN) or <b>X 59-2959590</b>
	Number, street, and room or suite no. If a P O. box, see instructions. <b>3802 SPECTRUM BOULEVARD</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TAMPA, FL 33612</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)  01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

DR. PAUL R. SANBERG, PH.D, D.SC.

- The books are in the care of ► **3802 SPECTRUM BLVD., SUITE 100 – TAMPA, FL 33612**  
Telephone No. ► **(813) 974-1082** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box  ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  . If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2013**.

5 For calendar year  , or other tax year beginning **JUL 1, 2011** , and ending **JUN 30, 2012** .

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHER THE INFORMATION  
NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► **Marianne F. Brin** Title ► **Manager**

Date ► **2/12/13**

Form 8868 (Rev. 1-2012)