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Check if Schedule O contains a response or note to any line in this Part III ☒

THE PURPOSE OF THE EDUCATIONAL TRUST IS TO ENHANCE THE PURPOSE OF THE UNIVERSITY OF SOUTH CAROLINA AND THE UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE. IT PERFORMS ITS PURPOSE IN PROVIDING A CLINICAL SETTING FOR FACULTY TO PERFORM MEDICAL SERVICES TO PATIENTS. SERVICES INCLUDE CARE FOR TRADITIONAL FEE-FOR-SERVICE PATIENTS AS WELL AS A VARIETY OF PATIENTS SEEN UNDER CONTRACTS WITH GOVERNMENT AGENCIES. ALSO SERVED ARE MANY CITIZENS WHO ARE REFERRED TO AS MEDICALLY UNDERSERVED, WHICH INCLUDES FREE CARE TO INDIGENT STUDENTS OF THE MEDICAL SCHOOL AND RESIDENT DOCTORS PARTICIPATE IN THE PROVISION OF SERVICES AND OBSERVE THE PERFORMANCE OF MEDICAL ACTIVITIES IN A CLINICAL SETTING.

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4b	(Code	(Expenses \$	58,476,566	including grants of \$	(Revenue \$	65,976,865)
OPERATION OF CLINICAL FACILITIES AND RELATED BUILDINGS AND EQUIPMENT SUBSTANTIALLY ALL REVENUES CONSIST OF PAYMENTS FOR MEDICAL SERVICES EITHER FROM INDIVIDUAL PATIENT BILLINGS OR UNDER CONTRACTS FROM OTHER GOVERNMENT AGENCIES LESSER AMOUNTS ARE RECEIVED IN THE FORM OF FACULTY COST REIMBURSEMENTS INVESTMENT INCOME AND MINOR RENTAL INCOME FROM NON GOVERNMENT BUSINESSES THE CLINICS OWN AND OPERATE TWO PROFESSIONAL MEDICAL OFFICE BUILDINGS ON THE CAMPUS OF PALMETTO HEALTH RICHLAND HOSPITAL FACULTY PHYSICIANS AND STAFF ALSO PROVIDE SERVICES IN FOUR OTHER MEDICAL OFFICE BUILDINGS , THE USC SCHOOL OF NURSING, AND AN OFFICE ON THE CAMPUS OF THE VA HOSPITAL						

[illegible]

4e	Total program service expenses	65,733,999
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Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

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

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	25	
	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		
b	Enter the number of voting members included in line 1a, above, who are independent	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶SC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
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 ▶TRUST OFFICE SUITE 310 TWO MEDICAL PARK COLUMBIA, SC 29203 (803) 255-3407

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2013)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	7,046,374	6,982,989	0

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 ▶27

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
CERNER HEALTHCARE SOLUTIONS 2800 ROCKCREEK PARKWAY NORTH KANSAS CITY MO 64117	COMPUTER SYSTEMS & SERVICES	1,612,648
PALMETTO HEALTH ALLIANCE PO BOX 327 COLUMBIA SC 29202	RENTAL OF OFFICE SPACE	744,072
LILIBRIDGE HEALTHCARE MANAGEMENT PO BOX 1751 COLUMBIA SC 29202	RENTAL OF OFFICE SPACE	652,439
KEENEN DEVELOPMENT ASSOCIATES OF SC LLC PO BOX 11437 COLUMBIA SC 29211	RENTAL OF OFFICE SPACE	151,379
PERSHING YOAKLEY & ASSOCIATES 2220 SUTHERLAND AVENUE KNOXVILLE TN 37919	CONSULTING SERVICES	131,809

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 ▶5

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	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	2a	PATIENT CHARGES				
		Business Code 621110	35,839,172	35,839,172		
	b	OTHER CONTRACT AND PROFESSIONAL I				
		Business Code 621110	26,046,079	26,046,079		
	c	DEPARTMENTAL OPERATIONS SUBFUND				
		Business Code 900099	721,343	721,343		
	d	DEAN'S ACADEMIC ENHANCEMENT SUBFU				
		Business Code 900099	366,398	366,398		
Other Revenue	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	62,972,992			
	3	Investment income (including dividends, interest, and other similar amounts)	270,063			270,063
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	-2,331,005	-2,331,005		
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	416,633			416,633
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue				
	11a	REIMBURSE FOR FACULTY	9,546,167	9,546,167		
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	9,546,167			
	12	Total revenue. See Instructions	70,874,850	70,188,154	0	686,696

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).

Check if Schedule O contains a response or note to any line 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.	3,480,927	3,480,927		
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.	18,908,019	18,908,019		
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.	20,632,541	20,632,541		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.	88,501	88,501		
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	76,618	76,618		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	112,750	112,750		
13	Office expenses.	9,177,664	9,177,161	503	
14	Information technology.				
15	Royalties.				
16	Occupancy.	905,630	905,630		
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	324,579	324,579		
20	Interest.	24,681	24,681		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,105,909	1,105,909		
23	Insurance.	713,998	713,998		
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	CONTRACTUAL SERVICES	5,254,552	5,254,552		
b	BAD DEBT EXPENSE	2,703,000	2,703,000		
c	OTHER EXPENSES	1,071,619	1,071,619		
d	MINOR EQUIPMENT, REPAIR	506,619	506,619		
e	All other expenses	646,895	646,895		
25	Total functional expenses. Add lines 1 through 24e.	65,734,502	65,733,999	503	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

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		20,397,640	1	18,779,001
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		8,103,056	4	12,110,440
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a25,038,619			
	b	Less accumulated depreciation	10b14,139,264	11,801,062	10c	10,899,355
	11	Investments—publicly traded securities		7,803,992	11	7,608,986
	12	Investments—other securities See Part IV, line 11		478,072	12	2,033,181
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		354,169	15	354,169
	16	Total assets. Add lines 1 through 15 (must equal line 34)		48,937,991	16	51,785,132
Liabilities	17	Accounts payable and accrued expenses		10,366,346	17	7,981,732
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		5,525,000	20	5,100,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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			23	
	24	Unsecured notes and loans payable to unrelated third parties		498,704	24	265,086
	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			25	
	26	Total liabilities. Add lines 17 through 25		16,390,050	26	13,346,818
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☒ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		32,547,941	32	38,438,314
	33	Total net assets or fund balances		32,547,941	33	38,438,314
	34	Total liabilities and net assets/fund balances		48,937,991	34	51,785,132

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	70,874,850
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,734,502
3	Revenue less expenses Subtract line 2 from line 1	3	5,140,348
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,547,941
5	Net unrealized gains (losses) on investments	5	750,025
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,438,314

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	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	Yes	
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?		No
3b	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		

Additional Data

Software ID:
Software Version:
EIN: 57-0705675
Name: UNIVERSITY OF SOUTH CAROLINA SCHOOL OF
MEDICINE EDUCATIONAL TRUST

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	Former			
EJ MAYEAUX MD DIRECTOR	1 00	X						104,629	163,292	0
JOSHUA MANN MD DIRECTOR	1 00	X						15,875	156,502	0
SHAWN A CHILLAG MD DIRECTOR	1 00	X						115,628	233,691	0
BRANDI NEWSOME MD DIRECTOR	1 00	X						169,019	106,777	0
SOUVIK SEN MD DIRECTOR	1 00	X						31,062	317,190	0
JAMES SELPH MD DIRECTOR	1 00	X						294,647	107,844	0
MEERA NARASIMAHN MD DIRECTOR	1 00	X						64,214	346,934	0
SHILPA SRINIVASAN MD DIRECTOR	1 00	X						37,083	122,489	0
JEANETTE ANDREWS PHD DIRECTOR	1 00	X						0	281,051	0
SABRA SMITH PHD DIRECTOR	1 00	X						1,422	89,784	0
ALLISON JACKSON MD DIRECTOR	1 00	X						117,196	62,415	0
BETHANY MARKOWITZ MD DIRECTOR	1 00	X						182,513	83,048	0
JOHN J WALSH IV MD DIRECTOR	1 00	X						386,110	236,709	0
FRANK VOSS MD DIRECTOR	1 00	X						277,703	123,216	0
OZZIE SHULER III MD DIRECTOR	1 00	X						229,716	118,373	0
SHARON KAMINER MD DIRECTOR	1 00	X						154,000	124,303	0
FRANCIS H NEUFFER MD DIRECTOR	1 00	X						0	110,310	0
FLOYD BELL MD DIRECTOR	1 00	X						0	7,886	0
STEPHEN SMITH MD DIRECTOR	1 00	X						313,018	330,681	0
HAROLD FRIEDMAN MD DIRECTOR	1 00	X						158,060	177,870	0
CAUGHMAN TAYLOR MD INTERIM DEAN	2 00			X				246,415	207,719	0
JEFFREY PERKINS SECRETARY/TREASURER/KEY EMPLOYEE	1 00			X				60,500	237,281	0
JUDITH BURGIS MD PRESIDENT	1 00			X				197,780	268,589	0
BILL ANDERSON MD VICE-PRESIDENT AND CMO	1 00			X				192,176	114,448	0
DAVID ARMOL MD PAST PRESIDENT	1 00			X				404,513	131,294	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	Former			
HARRIS PASTIDES PHD KEY EMPLOYEE	40 00				X			420,500	156,882	0
MICHAEL D AMIRIDAS PHD KEY EMPLOYEE	40 00				X			110,000	366,058	0
RICHARD HOPPMAN MD HIGHLY COMPENSATED EMPLOYEE	40 00					X		325,500	301,455	0
RAYMOND BYNOE MD HIGHLY COMPENSATED EMPLOYEE	40 00					X		430,914	130,351	0
JEFFREY A GUY MD HIGHLY COMPENSATED EMPLOYEE	40 00					X		380,269	101,403	0
JAMES NOTTINGHAM MD HIGHLY COMPENSATED EMPLOYEE	40 00					X		331,571	131,996	0
SCOTT STRAYER MD FORMER DIRECTOR	1 00						X	125,680	81,574	0
JEFFREY W HALL MD FORMER DIRECTOR	1 00						X	77,350	95,862	0
CRAIG STUCK MD FORMER DIRECTOR	1 00						X	103,756	141,520	0
PEGGY O HEWLETT MD FORMER DIRECTOR	1 00						X	0	261,722	0
LISA SPIRYDA MD FORMER DIRECTOR	1 00						X	66,429	48,479	0
JOHN M HERBERT MD FORMER DIRECTOR	1 00						X	101,089	90,212	0
JAMES E MORRISON MD FORMER DIRECTOR	1 00						X	82,357	37,188	0
LENWOOD SMITH MD FORMER DIRECTOR	1 00						X	77,582	5,156	0
DAVID GREENHOUSE MD FORMER DIRECTOR	1 00						X	133,538	118,681	0
KEVIN MCREDMOND MD FORMER DIRECTOR	1 00						X	89,213	97,007	0
CHRISTOPHER G MAZOUEL MD FORMER DIRECTOR	1 00						X	351,529	105,556	0
DONALD J DIPETTE MD FORMER DEAN	1 00						X	1,100	293,712	0
TAN PLATT MD FORMER DIRECTOR	1 00						X	84,718	158,479	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE EDUCATIONAL TRUST	Employer identification number 57-0705675
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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 <table><tr><td>a</td><td>☒</td><td>Type I</td><td>b</td><td>☐</td><td>Type II</td><td>c</td><td>☐</td><td>Type III - Functionally integrated</td><td>d</td><td>☐</td><td>Type III - Non-functionally integrated</td></tr></table>	a	☒	Type I	b	☐	Type II	c	☐	Type III - Functionally integrated	d	☐	Type III - Non-functionally integrated
a	☒	Type I	b	☐	Type II	c	☐	Type III - Functionally integrated	d	☐	Type III - Non-functionally integrated			
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? <table><tr><td>(i)</td><td>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?</td></tr><tr><td>(ii)</td><td>A family member of a person described in (i) above?</td></tr><tr><td>(iii)</td><td>A 35% controlled entity of a person described in (i) or (ii) above?</td></tr></table>	(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?						
(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?													
h	☐	Provide the following information about the supported organization(s)												

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A) UNIVERSITY OF SOUTH CAROLINA	576001153	501(C)(4)	Yes		Yes		Yes		3,319,320
Total									3,319,320

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. 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 stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE EDUCATIONAL TRUST	Employer identification number 57-0705675
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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)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ 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 Year
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 XIII, 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 XIII, 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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 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 XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	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 XIII Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (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

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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				
b Buildings		18,176,499	8,203,914	9,972,585
c Leasehold improvements				
d Equipment		6,862,120	5,935,350	926,770
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				10,899,355

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	70,621,542
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	2,554,381
e	Add lines 2a through 2d	2e	2,554,381
3	Subtract line 2e from line 1	3	68,067,161
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 XIII)	4b	2,807,689
c	Add lines 4a and 4b	4c	2,807,689
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	70,874,850

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	65,481,194
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 XIII)	2d	2,554,381
e	Add lines 2a through 2d	2e	2,554,381
3	Subtract line 2e from line 1	3	62,926,813
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 XIII)	4b	2,807,689
c	Add lines 4a and 4b	4c	2,807,689
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	65,734,502

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	THE TRUST DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS TO REPORT UNDER FIN 48
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSE 2,554,381
PART XI, LINE 4B - OTHER ADJUSTMENTS	RECLASS ITEMS FROM EXPENSE 104,689 BAD DEBT EXPENSE 2,703,000
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENT EXPENSE 2,554,381
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 2,703,000 RECLASS ITEMS TO INCOME 104,689

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
UNIVERSITY OF SOUTH CAROLINA SCHOOL OF
MEDICINE EDUCATIONAL TRUST

Employer identification number
57-0705675

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE 1600 HAMPTON STREET COLUMBIA, SC 29208	57-6001153	501(C)(4)	156,607				IN SUPPORT OF FACULTY AND STAFF APPOINTMENTS AND RELATED OPERATIONAL COSTS
(2) UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET COLUMBIA, SC 29208	57-6001153	501(C)(4)	3,319,320				IN SUPPORT OF ITS VARIOUS PROGRAMS
(3) UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION 1027 BARNWELL STREET COLUMBIA, SC 29208	57-6017985	501(C)(3)	5,000				IN SUPPORT OF SCHOOL OF MEDICINE PROGRAMS, DEVELOPMENT AND ACTIVITIES

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3

Enter total number of other organizations listed in the line 1 table

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTS AND CONTRIBUTIONS TO THE UNIVERSITY OF SOUTH CAROLINA AND RELATED ENTITIES ARE MADE AFTER COLLABORATION WITH THE UNIVERSITY MANY CONTRIBUTIONS ARE BASED ON COMMITMENTS MADE COLLEGIAALLY BETWEEN THE UNITS OTHERS ARE RECURRING PROJECTS, EQUIPMENT PURCHASES OR EXPENSE ITEMS THERE IS NO FORMAL GRANT WRITING IN THIS PROCESS

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF SOUTH CAROLINA SCHOOL OF
MEDICINE EDUCATIONAL TRUST

Employer identification number

57-0705675

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
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, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) 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 and Title		(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				
See Additional Data Table								

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE DEAN OF THE MEDICAL SCHOOL, AND/OR HIS LEADERSHIP, IS ALLOWED PAID MEMBERSHIPS IN CERTAIN NON-DISCRIMINATORY BUSINESS CLUBS THAT HAVE GOLF OR RECREATIONAL ACTIVITIES THESE ARE LARGELY USED FOR RECRUITMENT OF FACULTY ALSO RECOGNIZED THAT MEALTIME IS A GENERALLY CONVENIENT OPPORTUNITY FOR THE DEAN TO MEET WITH HIS FACULTY AND/OR STAFF DUE TO MEDICAL AND TEACHING SCHEDULES

Additional Data

Software ID:
Software Version:
EIN: 57-0705675
Name: UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE EDUCATIONAL TRUST

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
EJ MAYEAUX MD DIRECTOR	(i)	95,117	0	9,512	0	0	104,629	0
	(ii)	141,672	0	21,620	0	0	163,292	0
JOSHUA MANN MD DIRECTOR	(i)	14,432	0	1,443	0	0	15,875	0
	(ii)	135,870	0	20,632	0	0	156,502	0
SHAWN A CHILLAG MD DIRECTOR	(i)	105,116	0	10,512	0	0	115,628	0
	(ii)	202,890	0	30,801	0	0	233,691	0
BRANDI NEWSOME MD DIRECTOR	(i)	153,654	0	15,365	0	0	169,019	0
	(ii)	92,700	0	14,077	0	0	106,777	0
SOUVIK SEN MD DIRECTOR	(i)	28,238	0	2,824	0	0	31,062	0
	(ii)	278,519	0	38,671	0	0	317,190	0
JAMES SELPH MD DIRECTOR	(i)	269,147	0	25,500	0	0	294,647	0
	(ii)	93,627	0	14,217	0	0	107,844	0
MEERA NARASIMAHN MD DIRECTOR	(i)	58,376	0	5,838	0	0	64,214	0
	(ii)	308,332	0	38,602	0	0	346,934	0
SHILPA SRINIVASAN MD DIRECTOR	(i)	33,712	0	3,371	0	0	37,083	0
	(ii)	106,341	0	16,148	0	0	122,489	0
JEANETTE ANDREWS PHD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	244,000	0	37,051	0	0	281,051	0
ALLISON JACKSON MD DIRECTOR	(i)	106,542	0	10,654	0	0	117,196	0
	(ii)	55,596	0	6,819	0	0	62,415	0
BETHANY MARKOWITZ MD DIRECTOR	(i)	165,921	0	16,592	0	0	182,513	0
	(ii)	72,100	0	10,948	0	0	83,048	0
JOHN J WALSH IV MD DIRECTOR	(i)	360,610	0	25,500	0	0	386,110	0
	(ii)	205,503	0	31,206	0	0	236,709	0
FRANK VOSS MD DIRECTOR	(i)	252,375	0	25,328	0	0	277,703	0
	(ii)	106,972	0	16,244	0	0	123,216	0
OZZIE SHULER III MD DIRECTOR	(i)	208,833	0	20,883	0	0	229,716	0
	(ii)	102,768	0	15,605	0	0	118,373	0
SHARON KAMINER MD DIRECTOR	(i)	140,000	0	14,000	0	0	154,000	0
	(ii)	107,916	0	16,387	0	0	124,303	0
STEPHEN SMITH MD DIRECTOR	(i)	287,518	0	25,500	0	0	313,018	0
	(ii)	292,013	0	38,668	0	0	330,681	0
HAROLD FRIEDMAN MD DIRECTOR	(i)	143,699	0	14,361	0	0	158,060	0
	(ii)	154,421	0	23,449	0	0	177,870	0
CAUGHMAN TAYLOR MD INTERIM DEAN	(i)	224,014	0	22,401	0	0	246,415	0
	(ii)	180,324	0	27,395	0	0	207,719	0
JEFFREY PERKINS SECRETARY/TREASURER/KEY EMPLOYEE	(i)	55,000	0	5,500	0	0	60,500	0
	(ii)	206,000	0	31,281	0	0	237,281	0
JUDITH BURGIS MD PRESIDENT	(i)	179,800	0	17,980	0	0	197,780	0
	(ii)	233,180	0	35,409	0	0	268,589	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BILL ANDERSON MD VICE-PRESIDENT AND CMO	(i)	174,705	0	17,471	0	0	192,176	0
	(ii)	99,360	0	15,088	0	0	114,448	0
DAVID ARMOL MD PAST PRESIDENT	(i)	379,013	0	25,500	0	0	404,513	0
	(ii)	113,985	0	17,309	0	0	131,294	0
HARRIS PASTIDES PHD KEY EMPLOYEE	(i)	395,000	0	25,500	0	0	420,500	0
	(ii)	136,200	0	20,682	0	0	156,882	0
MICHAEL D AMIRIDAS PHD KEY EMPLOYEE	(i)	100,000	0	10,000	0	0	110,000	0
	(ii)	317,800	0	48,258	0	0	366,058	0
RICHARD HOPPMAN MD HIGHLY COMPENSATED EMPLOYEE	(i)	300,000	0	25,500	0	0	325,500	0
	(ii)	261,713	0	39,742	0	0	301,455	0
RAYMOND BYNOE MD HIGHLY COMPENSATED EMPLOYEE	(i)	405,414	0	25,500	0	0	430,914	0
	(ii)	113,035	0	17,316	0	0	130,351	0
JEFFREY A GUY MD HIGHLY COMPENSATED EMPLOYEE	(i)	354,769	0	25,500	0	0	380,269	0
	(ii)	88,035	0	13,368	0	0	101,403	0
JAMES NOTTINGHAM MD HIGHLY COMPENSATED EMPLOYEE	(i)	306,071	0	25,500	0	0	331,571	0
	(ii)	114,595	0	17,401	0	0	131,996	0
SCOTT STRAYER MD FORMER DIRECTOR	(i)	114,255	0	11,425	0	0	125,680	0
	(ii)	70,904	0	10,670	0	0	81,574	0
JEFFREY WHALL MD FORMER DIRECTOR	(i)	70,318	0	7,032	0	0	77,350	0
	(ii)	83,224	0	12,638	0	0	95,862	0
CRAIG STUCK MD FORMER DIRECTOR	(i)	94,324	0	9,432	0	0	103,756	0
	(ii)	122,858	0	18,662	0	0	141,520	0
PEGGY O HEWLETT MD FORMER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	227,219	0	34,503	0	0	261,722	0
LISA SPIRYDA MD FORMER DIRECTOR	(i)	60,390	0	6,039	0	0	66,429	0
	(ii)	42,137	0	6,342	0	0	48,479	0
JOHN M HERBERT MD FORMER DIRECTOR	(i)	91,899	0	9,190	0	0	101,089	0
	(ii)	78,336	0	11,876	0	0	90,212	0
JAMES E MORRISON MD FORMER DIRECTOR	(i)	74,870	0	7,487	0	0	82,357	0
	(ii)	32,335	0	4,853	0	0	37,188	0
LENWOOD SMITH MD FORMER DIRECTOR	(i)	70,529	0	7,053	0	0	77,582	0
	(ii)	962	0	4,194	0	0	5,156	0
DAVID GREENHOUSE MD FORMER DIRECTOR	(i)	121,398	0	12,140	0	0	133,538	0
	(ii)	103,035	0	15,646	0	0	118,681	0
KEVIN MCREDMOND MD FORMER DIRECTOR	(i)	81,103	0	8,110	0	0	89,213	0
	(ii)	84,252	0	12,755	0	0	97,007	0
CHRISTOPHER G MAZOUEL MD FORMER DIRECTOR	(i)	326,029	0	25,500	0	0	351,529	0
	(ii)	91,640	0	13,916	0	0	105,556	0
DONALD J DIPETTE MD FORMER DEAN	(i)	1,000	0	100	0	0	1,100	0
	(ii)	255,000	0	38,712	0	0	293,712	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
TAN PLATT MD FORMER DIRECTOR	(i)	77,014	0	7,704	0	0	84,718	0
	(ii)	122,830	0	35,649	0	0	158,479	0

SCHEDULE O
 (Form 990 or 990-EZ)

Department of the Treasury
 Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
 Form 990 or to provide any additional information.
 Attach to Form 990 or 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
 Inspection

Name of the organization UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE EDUCATIONAL TRUST	Employer identification number 57-0705675
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 15B	THE PRESIDENT AND ALL OFFICERS ARE MEMBERS OF THE FACULTY ALL FACULTY COMPENSATION IS DOCUMENTED IN A WRITTEN AGREEMENT THAT IS APPROVED BY THE DEPARTMENT CHAIRMAN AND THE DEAN OF THE MEDICAL SCHOOL CONSIDERATIONS INCLUDE LEVEL OF ACADEMIC INVOLVEMENT, PATIENT WORKLOAD, FACULTY CARE OF THE MEDICALLY UNDER-SERVED, AMONG OTHERS THE PRESIDENT AND ALL OFFICERS SERVE FOR A REVOLVING PERIOD OF ONE YEAR THE OFFICER POSITIONS ARE UNCOMPENSATED THE OFFICER POSITIONS SERVE TO MEET LEGAL OBLIGATIONS
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS ARE MAINTAINED BY THE DIRECTOR OF LEGAL AFFAIRS TRUST PHYSICIANS ARE FACULTY MEMBERS OF UNIVERSITY OF SC AND THE TRUST'S POLICIES REGARDING CONFLICTS OF INTEREST, USE OF SOCIAL CLUBS, TRAVEL, WHISTLEBLOWER PROVISIONS, ETC ARE CONSISTENT WITH THE POLICY OF THE UNIVERSITY OF SC EDUCATIONAL FOUNDATION FINANCIAL STATEMENTS OF THE TRUST ARE INCLUDED IN THE FINANCIAL STATEMENTS OF THE UNIVERSITY OF SC AS A GOVERNMENTAL SEPARATELY PRESENTED COMPONENT UNIT FORM 990 IS AVAILABLE UPON REQUEST FROM THE DIRECTOR OF LEGAL AFFAIRS
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF SOUTH CAROLINA SCHOOL OF
MEDICINE EDUCATIONAL TRUST

Employer identification number

57-0705675

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET COLUMBIA, SC 29208 57-6001153	EDUCATION OF THE STATE'S CITIZENS	SC	501(C)(4)	LINE 11A, I	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

Yes

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF SOUTH CAROLINA	K	84,651	FAIR MARKET VALUE
(2) UNIVERSITY OF SOUTH CAROLINA	P	5,280,406	FAIR MARKET VALUE

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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