# 990

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation: Do not enter social security numbers on this form as it may be made public.

**Open to Public** 

OMB No. 1545-

		the Treasury	T do to www.	ioi modiactions an	a the latest in			Inspection
		ue Service	lalendar year, or tax year beginni	ing 07-01-2021 , and ending 06-	30-2022			
		applicable:	C Name of organization	, and ending 00-	30-2022	D Employe	r identif	fication number
— Ad	ldress	change	95-164	2304				
	ime cl itial re	hange	% CASSANDRA PORTER ACCT/FIN Doing business as	D			2334	
Fin	al		Doing business as					
	n/term nende	inated d return	Number and street (or P.O. box if r	mail is not delivered to street address) R	oom/suite	E Telephone	number	
		ion pending	LINIT/EDCITY CARDENC LICE202	,	,	(213) 8	21-190	00
				untry, and ZIP or foreign postal code				
			Los Angeles, CA 900898003			<b>G</b> Gross rec	eipts \$ 5,	567,632,114
			<b>F</b> Name and address of princi Dr Carol L Folt	ipal officer:	H(a)	Is this a group re	turn for	
			UNIVERSITY GARDENS UGI	B203	н(ь)	subordinates? Are all subordina	tes	☐ Yes ☑ No
			LOS ANGELES, CA 900898			included?		Yes No
<b>I</b> Ta	x-exe	mpt status:	: 501(c)(3) 501(c)( )	(insert no.) 4947(a)(1) or 527		If "No," attach a		
J W	ebsit	te: 🕨 htt	p://www.usc.edu		H(c)	Group exemption	number	•
					I V	-6.6	M Charles	-6    d
<b>K</b> Fori	n of o	organization	n: Corporation Trust Associa	ation Other	L Year (	of formation: 1895	M State	of legal domicile: CA
Pa	art I	Sum	nmary					
				on or most significant activities:				
Ψ			HEDULE O	-				
e E								
Ĕ								
ŏ	2	Check tl	his box 析 if the organization	discontinued its operations or dis	posed of more	than 25% of its r	net asse	ts.
×	3	Number	of voting members of the govern	ning body (Part VI, line 1a) • •			3	3 4
Se				of the governing body (Part VI, lin			4	3 3
Activities & Governance			• •	n calendar year 2021 (Part V, line	,		5 6	42,205
CE		<b>6</b> Total number of volunteers (estimate if necessary) · · · · · · · · · · · · · · · · · · ·						(
4				Part VIII, column (C), line 12			7a	32,366,133
	b	Net unre	elated business taxable income	from Form 990-T, Part I, line 11			7b	
						Prior Year		Current Year
9			utions and grants (Part VIII, line	•	•	1,029,523,6	-	1,011,581,56
Revenue		-	n service revenue (Part VIII, line	3,809,918,00 532,831,33	_	3,529,012,111 1,023,826,211		
å			• • • • • • • • • • • • • • • • • • • •	(Part VIII, column (A), lines 3, 4, and 7d)				2,506,71
			, , , , , , , , , , , , , , , , , , , ,	must equal Part VIII, column (A), I	ine 12)	2,897,33 5,375,170,30		5,566,926,61
	-			X, column (A), lines 1-3)		676,311,2		737,108,930
				, column (A), line 4)		0.0,000,000	0	(
S				e benefits (Part IX, column (A), lin		3,211,193,2	32	2,446,122,02
Expenses			ional fundraising fees (Part IX, c	360,00	0.0	495,000		
p ex	ь	Total fund	draising expenses (Part IX, column (D)	), line 25) \( 80,338,041				
ă	17	Other ex	xpenses (Part IX, column (A), li	nes 11a-11d, 11f-24e) · · ·		1,533,523,89	91	1,865,558,27
	18	Total ex	penses. Add lines 13-17 (must	equal Part IX, column (A), line 25	5)	5,421,388,3	75	5,049,284,23
	19	Revenue	e less expenses. Subtract line 1	8 from line 12		-46,218,00	06	517,642,374
Net Assets or Fund Balances					В	eginning of Current Year	:	End of Year
sets	20	Total ac	ssets (Part X, line 16)				2.2	13,791,301,78
AB.					•	4,313,223,2	-	4,615,091,439
E E								9,176,210,340
	rt II		nature Block	21 110111 11112 20		10,422,558,9	, 3	3,170,210,340
				xamined this return, including acc	ompanying sc	hedules and state	ments, a	and to the best of
•		_		mplete. Declaration of preparer (o	ther than offic	er) is based on all	informa	ation of which
ргера	ner r	\	mowledge.			2023-05-10		
Sigr		Signat	ture of officer			Date		
Her			BRINK INTERIM SVP FIN/CFO					
		Type	or print name and title					
		ı	Print/Type preparer's name	Preparer's signature	Date		TIN	
Paid	b	L			2023-05-1	self-employed	00641463	•
Pre	par	er 📙	Firm's name PricewaterhouseCoop	pers LLP		Firm's EIN		
Use	-		Firm's address 101 SEAPORT BLVD SI	UITE 500		Phone no. (617) 5	30-5000	
		- 1						

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

✓ Yes ☐ No

- including grants of \$ (Code: ) (Expenses \$ 525,655,265 0) (Revenue \$ 519.081.935 )
- HEALTH CARE SERVICES: THE DOCTORS OF USC ARE MORE THAN 500 PHYSICIANS AND SPECIALISTS WHO ARE FULL-TIME FACULTY MEMBERS OF THE KECK SCHOOL OF MEDICINE OF USC, USC PHYSICIANS PRACTICE AT KECK HOSPITAL OF USC, USC NORRIS CANCER HOSPITAL, USC VERDUGO HILLS HOSPITAL, DOHENY
- EYE INSTITUTE, HEALTH CARE CENTERS ON THE HEALTH SCIENCES CAMPUS AND IN DOWNTOWN LOS ANGELES, AND AT LOS ANGELES COUNTY & USC MEDICAL CENTER AND CHILDRENS HOSPITAL LOS ANGELES.
- (Code: ) (Expenses \$ 448,630,608 including grants of \$ 0) (Revenue \$ 268,467,653 ) 4c
  - AUXILIARY ENTERPRISES: APPROXIMATELY 49,000 STUDENTS AND 21,000 FACULTY AND STAFF ARE SERVED BY THE BOOKSTORE, DINING SERVICES, HOUSING,
  - PARKING FACILITIES AND OTHER SERVICES THAT SUPPORT EDUCATIONAL ACTIVITIES.
- Other program services (Describe in Schedule O.) 4d
  - (Expenses \$ including grants of \$ ) (Revenue \$

Total program service expenses > 4,426,417,841 Form 990 (2021)

Form	990 (2021)			Page :
Pai	TIV 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. 5	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,	10	Yes	

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🐒 . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីលើវិទាទ ទល្បានខែង និក្សានាមែន និក្សានាខែង និក្សានាខែង និក្សានាខេង និក្សានេះ និក្សានិក្សាននិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្ស 

. If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . . 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 . . . . . . . . . . . . . . . . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

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

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

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? . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 🖠

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

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

VIII, IX, or X, as applicable.

16

Yes

Yes

Nο

Nο

Nο

Nο

Nο

Νo

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

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18

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20a

20b

Yes

Yes

Yes

Yes

Yes

Form **990** (2021)

Nο

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Г

No

24a

24b

24c

24d

26

27

28a

28b

28c

29

30

31

32

33

35a

35h

36

37

68,456

0

1a

1b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Form 990 (2021)					
Par	t IV Checklist of Required Schedules (continued)				
			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes		
23	Did the organization answer "Yes" to Part VII, Section A, 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	Yes		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000				

as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

ប្រជុំ<sup>Y</sup>អាច «លាក្សាខ្លែស ស្រាស់ និង ប្រជុំ ប្រជាជ្រាក្រ employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

អ៊ីត៉េ<sup>ក្</sup>ពីទី៩ 6ម្បានអន្តែម៉ាស៊ីកិត្តមួយថា Me, terminate, or dissolve and cease operations? *If "Yes," complete schedule N, Part I* 

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

พื่แร้งหลื เชาตุมโตโลเริย์เดียงให้เลื่อง ใช้เร็กง tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV.

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🐒 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🐒 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

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

Statements Regarding Other IRS Filings and Tax Compliance

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

entity or family member of any of these persons?

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

31

Part V

### 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . 🖠 25a Nο **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 25b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? IfNο "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or

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Form	990 (2021)			Page <b>5</b>			
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
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						
b	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.	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes				
	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 $\Re^{CCP}$ of the name of the foreign country: $\blacktriangleright$ SP, FR, HK, CH, MX, TW, KS	4a	Yes				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (VFBSALT)); organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	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?	6a		No			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
g	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No			
9	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		N o			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		N o			
10 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12   10a						
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b						
11	Section Sol(c)(12) organizations. Enter:						
a b	Gross income from members or shareholders						
	sources against amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a					
13	year.  Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.						
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						
	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or payment(s) during the year?	14b 15	Yes				
16	excess parachute payment(s) during the year?	16		N o			
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities			1N U			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					

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Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" re 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	spons.	e to line	. <b>V</b>			
Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax  1a 34						
	Yethere 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 1b 3 3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4	Yes				
5	600 d. $600$ d. $6$	5		Νo			
6	Did the organization have members or stockholders?	6		Νo			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	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		Νo			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Coa	le.)			
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes				
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	Yes				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe on 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	Yes				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line 15a or 15b, describe the process on 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	Yes				
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						

Section C. Disclosure

18

apply.

organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

Own website Another's website Vpon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, 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

State the name, address, and telephone number of the person who possesses the organization's books and records: CASSANDRA PORTER ACCTFIN D UNIV GARDENS UGB203 LOS ANGELES, CA 90089 (213) 821-1900

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

List the states with which a copy of this Form 990 is required to be filed CA,OK,WA

16b

Yes

Form 990 (2021)

SEE SCHEDULE O FOR TITLE

SEE SCHEDULE O FOR TITLE

(17) Glenn Osaki

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line 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

- 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from organization and any related organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

- of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above. 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 (list any hours for related	(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-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	and related organizations	
(1) Charles Helton  Head Football Coach	40.0	-				x		4,642,300	0	44,565	
(2) Carol L Folt President/Trustee	50.0	×		х				3,458,670	0	436,495	
(3) Andy Enfield  Men's Head Basketball Coach	2.25 40.0 					Х		3,749,225	0	57,164	
(4) Vaughn Starnes MD CHAIR & DIST PROF SURGERY	0.0					х		3,379,985	0	56,996	
(5) Louis A Vandermolen MD Professor of Clinical Medicine	50.0	-				х		3,008,260	0	40,331	
(6) Inderbir Singh Gill MD Professor of Urology	50.0					х		2,831,970	0	62,262	
(7) James M Staten SVP, Finance & CFO	0.5 50.0 			х				2,456,907	0	60,340	
(8) Amy Diamond CHIEF INVESTMENT OFFICER	50.0				х			1,841,609	0	258,376	
(9) Steven D Shapiro SEE SCHEDULE O FOR TITLE	50.0	-		х				998,306	0	883,094	
(10) ROD HANNERS CEO Keck Medicine of USC	50.0	-			х			1,578,726	0	82,517	
(11) Chrysostomos L Nikias SEE SCHEDULE O FOR TITLE	40.0	-					х	1,272,900	0	28,970	
(12) Geoffrey Garrett  Dean, Marshall School of Bus.	50.0	-			х			1,143,914	0	97,649	
(13) Felicia A Washington SVP, HUMAN RESOURCES	50.0			х				1,087,206	0	144,626	
(14) Beong-Soo Kim SVP & General Counsel	50.0			х				1,094,890	0	119,138	
(15) Charles F Zukoski SEE SCHEDULE O FOR TITLE	50.0			х				1,017,723	0	147,686	
(16) LAURA MOSQUEDA	50.0			M				1 050 101	0	38 108	

0.5 50.0

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38,198

54,687

1,050,101

906,291

(18) Tracey Vranich

SVP, ADMINISTRATION (20) Amber Miller

SEE SCHEDULE O FOR TITLE (19) David W Wright

SEE SCHEDULE O FOR TITLE (21) Samuel Garrison

SVP, UNIVERSITY RELATIONS (22) Gareth James

SEE SCHEDULE O FOR TITLE (23) Michael Quick

SEE SCHEDULE O FOR TITLE (24) Narsing Rao MD

Dean, Viterbi School of Eng. (26) Kyle Henley

SVP & CHIEF COMM. OFFICER (27) Elizabeth Graddy

SEE SCHEDULE O FOR TITLE

Secretary of the University

SEE SCHEDULE O FOR TITLE (30) David Brown

SEE SCHEDULE O FOR TITLE

SEE SCHEDULE O FOR TITLE (32) Rick J Caruso

Trustee, Chair until 6/16/2022 (33) Suzanne Nora Johnson

Trustee, Chair as of 6/16/2022 (34) Miriam Adelson

Trustee until 6/16/2022 (35) Stephanie A Argyros

(36) Thomas J Barrack Jr

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1b Sub-Total . . . . . . .

d Total (add lines 1b and 1c) .

c Total from continuation sheets to Part VII, Section A .

**Section B. Independent Contractors** 

\$100,000 of compensation from the organization > 205

\$100,000 of reportable compensation from the organization  $\triangleright$  8,332

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Trustee until 7/20/2021 (37) Marc R Benioff

(39) Robert D Beyer

Trustee as of 12/8/2021 (40) David C Bohnett

(41) Joseph M Boskovich Sr

Trustee until 6/16/2022 (42) Robert A Bradway

(43) David H Dornsife

(44) Suzanne Dworak-Peck

Trustee until 6/16/2022 (45) Michele Dedeaux Engemann

(46) Michael A Felix

(47) Stanley P Gold

(48) Ming Hsieh Trustee until 6/16/2022 (49) John M Iino

Trustee as of 6/16/2022 (50) Stephen M Keck

(51) Kenneth R Klein

(53) Kathy Leventhal

(55) John Mork

(56) Oscar Munoz

(58) Carmen Nava

(57) Rod Y Nakamoto

(59) Shelly L Nemirovsky

(61) J Kristoffer Popovich

Trustee until 6/16/2022 (62) Blake Quinn

Trustee until 6/16/2022 (63) Amy A Ross

(64) Frederick J Ryan Jr

(65) Leonard D Schaeffer

(66) William E B Siart

(67) Jeffrey H Smulyan

(68) Heliane M Steden

(69) Ronald D Sugar

(70) Tracy M Sykes

(71) Daniel M Tsai

(72) Wenxue Wang

individual

DELOITTE CONSULTING LLP.

725 SOUTH FIGUEROA STREET 200 LOS ANGELES, CA 90017 GIBSON DUNN CRUTCHER LLP,

THE PENTA BUILDING GROUP LLC,

550 SOUTH HOPE ST 2640 LOS ANGELES, CA 70071

SANTA MONICA, CA 90401

HERMITAGE, TN 37076 ERNST YOUNG,

333 S Grand Ave LOS ANGELES, CA

COOLEY LLP.

(54) William J Mcmorrow

Trustee (52) Jaime L Lee

Trustee

Trustee

Trustee

Trustee

Trustee (60) Dominic Ng

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

3

Trustee

Trustee (38) Corii D Berg

Trustee

Trustee

Trustee

Trustee

(29) Lisa Mazzocco

(31) Dani Byrd

(28) Carolyn Domen-Broshears

Interim Dean, Keck Med. of USC (25) Yannis C Yortsos

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### Form 990 (2021) Page **8** Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (A) (F) organizations below dotted NEC) NEC) dividual trustee ghest compensat stitutional Trustee line) employee

Name and title	Average	Position (do not check	Reportable	Reportable	Estimated
	hours per	more than one box,	compensation	compensation	amount of other
	week (list	unless person is both an	from the	from related	compensation
	any hours for	officer and a	organization	organizations	from the
	related	director/trustee)	(W-2/1099-	(W-2/1099-	organization
	organizations	9 =   -   이 즈 9 표 ㅋ	MISC/1099-	MISC/1099-	and related
		2 3 - 9 5 5 5 5 1			

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Total number of individuals (including but not limited to those listed above) who received more than

on line 1a? If "Yes," complete Schedule J for such individual . . . . . . . . . .

Name and business address

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . . . .

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.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than

2.0

.......................0.0

742,092

644,915

640,282

610,128

631,031

623,753

595,012

527,161

494,603

472,171

410,146

400,000

302,880

266,183

42,244

76,730

43,777

54,699

19,431

25,144

46,277

49,731

30,378

28,634

20,158

57,772

55,363

0

0

0

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0

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0

0

0

0

0

0

0

2,971,127

No

Yes

Yes

Yes

Compensation

24,980,066

18,308,396

10,358,633

7,187,055

5,565,700

Form 990 (2021)

3

4

Description of services

CONSULTING SERVICES

CONSULTING SERVICES

CONSULTING SERVICES

CONSTRUCTION SRVS

CONSULTING SERVICES

0

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	990 (2021)					Page <b>9</b>
Part	Statement of Revenue Check if Schedule O contains a res	spansa ar nata ta	any lino in this Da	rt \/III		г
	CHECK II Schedule O Contains a res	sponse of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contr	ibutions, Gifts, Grants, and OtherAmt Simi	b c d e f	Federated campaig Membership dues Fundraising events Related organizatio Government grants (con All other contributions, of and similar amounts no above Noncash contributions in lines 1a - 1f:\$	intributions)  gifts, grants, t included  11	6 443,460 dd 519,984,634 f 491,153,467	
		h	<b>Total.</b> Add lines 1a	-1f	>	1,011,581,561
		Business Code	2,467,845,284	2,467,845	284	
9	2a TUITION & FEES	900099	9		,	
Ven	b NET PATIENT SERVICE REVENUE	900099	369,448,739	369,448	,739	
e Re	c AUXILIARY ENTERPRISES	900099	268,467,653	258,453	,687 10,013,96	6
Service	d RECOVERY OF INDIRECT COST	900099	154,241,014	154,241	,014	
Program Service Revenue	e PROFESSIONAL SERVICES AGREEMENT	900099	149,633,197	149,633	,197	
Prog		_	119,376,228	117,380	,333 1,995,89	5
	<b>f</b> All other program service revenue.	2 520 012 11		,		
	9 Total. Add lines 2a-2f 3 Investment income (including dividends other 4 simple from the part of tax-exempt		28,934,81	0	5,995,56	
	<b>5</b> Royalties		3,123,97	1		3,123,971
	(i) Real  6a Gross rents 6b c Rental income or d (Ness) ental income or (loss)	(ii) Personal	0	0		
	7a Gross amount from sales of assets other than inventory (i) Securities  7a 974,197,71	(ii) Other				
	b Less: cost or other basis and sales expenses  c Gain or (loss)  7b  7c  974,197,71	7 20,693,6	887			
	d Net gain or (loss)	•	994,891,40	4	14,360,70	980,530,701
Other Revenue	8a Gross income from fundraising events (not including \$ 443,460 of contributions reported on line 1c). See Part IV, line 18 8a  b Less: direct expenses 8b	88,25 705,5(				
Be	b Less: direct expenses c Net income or (loss) from fundraising		-617,25	2		-617,252
Other	9a Gross income from gaming activities. See Part IV, line 19 9b Less: direct expenses	<u> </u>	0 0			
	c Net income or (loss) from gaming acti	vities ▶		0		
	10a Gross sales of inventory, less returns and allowances 10a  b Less: cost of goods sold 10b		0	0		
	c Net income or (loss) from sales of inve	entory				
	Miscellaneous Revenue	Business Code	е			
	b					
	с					
	d All other revenue					
	e Total. Add lines 11a-11d		-	0		
	<b>12 Total revenue.</b> See instructions		5,566,926,61	2 3,517,002	2,254 32,366,13	1,005,976,664

Form 990 (2021)				Page <b>10</b>			
Part IX Statement of Functional Expenses							
Section 501(c)(3) and 501(c)(4) organizations must	t complete all colun	nns. All other organ	izations must comple	te 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>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses			
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,240,720	1,240,720		·			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	724,779,425	724,779,425					
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	11,088,791	11,088,791					
4 Benefits paid to or for members	0						
5 Compensation of current officers, directors, trustees, and key employees	20,914,225	7,238,694	11,101,989	2,573,542			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,306,145	5,111,213	1,194,932	0			
7 Other salaries and wages	1,940,761,957	1,692,430,991	208,356,258	39,974,708			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	154,675,937	134,884,316	16,605,694	3,185,927			
9 Other employee benefits	154,898,224	136,105,459	15,898,283	2,894,482			
10 Payroll taxes	168,565,540	146,996,669	18,096,854	3,472,017			
11 Fees for services (non-employees):							
a Management	0						
<b>b</b> Legal	55,109,281		55,109,281				
c Accounting	3,087,392		3,087,392				
<b>d</b> Lobbying	608,063	608,063					
e Professional fundraising services. See Part IV, line 17	495,000			495,000			
<b>f</b> Investment management fees	18,322,486		18,322,486				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0						
12 Advertising and promotion	0						
13 Office expenses	1,025,840,816	935,299,927	68,346,747	22,194,142			
<b>14</b> Information technology	0						
15 Royalties	0						
<b>16</b> Occupancy	166,289,567	135,545,151	27,640,954	3,103,462			
<b>17</b> Travel	60,495,168	51,832,648	7,607,305	1,055,215			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0						
19 Conferences, conventions, and meetings	0	50 745 040	45.000.045				
<b>20</b> Interest	85,610,529	69,746,912	15,863,617				
21 Payments to affiliates	217,031,289	107 FEO 901	10.001.052	1 200 F46			
22 Depreciation, depletion, and amortization	57,214,712	197,559,891	18,081,852 57,214,712	1,389,546			
23 Insurance  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.)	37,214,712		37,214,712				
a COST OF GOODS SOLD	133,227,642	133,227,642					
<b>b</b> UNIVERSITY SERVICES	42,721,329	42,721,329					
С							
d							
e All other expenses							
25 Total functional expenses. Add lines 1 through 24e	5,049,284,238	4,426,417,841	542,528,356	80,338,041			
<b>26 Joint costs.</b> 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).

Forn	1 990	0 (2021)					Page <b>11</b>				
Pa	art X	Balance Sheet									
		Check if Schedule O contains a response or	note to	any line in this Part IX $ . $			🗆				
					(A) Beginning of year		(B) End of year				
	1	Cash-non-interest-bearing			0	1	0				
	2	Savings and temporary cash investments			1,042,524,155	2	405,476,739				
	3	Pledges and grants receivable, net			377,926,420	3	392,118,639				
	4	Accounts receivable, net			92,744,324	4	436,274,124				
	5 6	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu	al contributor, or 35% ersons	11,678,076	5	11,710,304					
		under section $4958(f)(1)$ ), and persons desc	ribed in	section 4958(c)(3)(B)	0	6	0				
S	7	Notes and loans receivable, net			35,271,125	7	25,119,791				
Assets	8	Inventories for sale or use			30,458,011	8	29,563,799				
ASS	9	Prepaid expenses and deferred charges .			339,580,435	9	248,928,574				
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,564,840,100							
	b	Less: accumulated depreciation	10b	2,988,091,558	3,907,725,005	10c	3,576,748,542				
	11	Investments—publicly traded securities .			4,182,839,721	11	3,286,216,082				
	12	Investments—other securities. See Part IV, Ii	ne 11		4,185,924,022	12	4,571,789,717				
	13	Investments—program-related. See Part IV, I	ine 11		0	13	0				
	14	Intangible assets		0	14	0					
	15	Other assets. See Part IV, line 11		529,110,898	15	807,355,474					
	16	Total'assets: Add lines 1 through 15 (must e	qual lin	e 33)	14,735,782,192	16	13,791,301,785				
	17	Accounts payable and accrued expenses .		1,199,984,111	17	1,211,871,657					
	18	Grants payable		0	18	0					
	19	Deferred revenue			227,519,241	19	380,237,454				
	20	Tax-exempt bond liabilities			0	20	0				
S	21	Escrow or custodial account liability. Comple	te Part I	IV of Schedule D	0	21	0				
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial									
ō		controlled entity or family member of any of t	controlled entity or family member of any of these persons				0				
_	23	Secured mortgages and notes payable to unre	elated t	hird parties	2,132,014,681	23	2,441,615,568				
	24	Unsecured notes and loans payable to unrela	ted thir	d parties	0	24	0				
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D			753,705,184	25	581,366,760				
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			4,313,223,217	26	4,615,091,439				
Fund Balances		Organizations that follow FASB ASC 958, che lines 27, 28, 32, and 33.	ck here	▶ ✓ and complete							
3a lar	27	Net assets without donor restrictions			7,719,411,328	27	3,343,843,852				
JQ E	28	Net assets with donor restrictions			2,703,147,647	28	5,832,366,494				
Fur		Organizations that do not follow FASB ASC 9	ck here 🕨 🗌 and								
Assets or	29	<b>complete lines 29 through 33.</b> Capital stock or trust principal, or current fun	ıds .			29					
set	30	Paid-in or capital surplus, or land, building or	equipm	ent fund		30					
Ass	31	Retained earnings, endowment, accumulated i	income,	or other funds		31					
Net	32	Total net assets or fund balances			10,422,558,975	32	9,176,210,346				
Z	33	Total liabilities and het assets/fund balances			14,735,782,192	33	13,791,301,785				
				-			Form <b>990</b> (2021)				

Part XII

Schedule O.

Separate basis

Separate basis

Schedule O.

Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . .

Other changes in net assets or fund balances (explain in Schedule O) . . . . . .

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column

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

If the organization changed its method of accounting from a prior year or checked "Other," explain on

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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.

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Cash Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

Consolidated basis

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Donated services and use of facilities . . . . .

Financial Statements and Reporting

Accounting method used to prepare the Form 990:

a separate basis, consolidated basis, or both:

Single Audit Act and OMB Circular A-133?

basis, consolidated basis, or both:

10,422,558
-1,632,471
-131,519
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Page **12** 

5,566,926,612

5,049,284,238

517,642,374

.975 ,607

	-131,	519,396
	9,176,	210,346
		. 🗆
	Yes	No
<b>-</b>		N.o.
2a		No

2b

2c

За

3b

Yes

Yes

Yes

Yes Form 990 (2021)

Form 990 (2021)		
Additional Data		Return to Form
	Software ID:	
	Software 1D:	
	Software Version:	
Form 990, Special Condition Des	cription:	
	Special Condition Description	

## (Form 990) Department of the Treasury

Internal Revenue Service

2

Total

Form 990 or 990-EZ.

For Paperwork Reduction Act Notice, see the Instructions for

**SCHEDULE A** 

Name of the organization

University of Southern California

**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.

95-1642394

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

Go to www.irs.gov/Form990 for instructions and the latest information.

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

Inspection **Employer identification number** 

Schedule A (Form 990) 2021

3		A hospital or a cooper	ative hospital s	service organization o	lescribed in <b>sec</b>	tion 170(b)(1)	(A)(iii).	
4		A medical research org hospital's name, city,		rated in conjunction w	vith a hospital d	escribed in <b>sec</b>	tion 170(b)(1)(A)(iii	). Enter the
5		An organization operat  170(b)(1)(A)(iv). (Co		-	versity owned o	or operated by a	a governmental unit d	escribed in <b>section</b>
6		A federal, state, or loc	al government	or governmental unit	described in <b>se</b>	ction 170(b)(1	.)(A)(v).	
7		An organization that nedescribed in section 1				om a governme	ntal unit or from the g	general public
8		A community trust des	scribed in <b>secti</b>	on 170(b)(1)(A)(vi).	(Complete Pari	t II.)		
9		An agricultural researd university or a non-lan						
10		An organization that n receipts from activitie from gross investment organization after June	s related to its income and ur	exempt functions—sunrelated business tax	ubject to certair able income (le	n exceptions, ar ss section 511	nd (2) no more than 3	33 1/3% of its support
11		An organization organi	zed and operat	ted exclusively to test	for public safe	ty. See <b>section</b>	509(a)(4).	
12		An organization organione or more publicly s the box on lines 12a tl	upported orgar	nizations described in	section 509(a)	(1) or <b>section 5</b>	609(a)(2). See section	<b>1 509(a)(3).</b> Check
а		<b>Type I.</b> A supporting o supported organization organization. <b>You mus</b>	rganization ope n(s) the power	erated, supervised, or to regularly appoint o	controlled by it r elect a majorit	ts supported or	ganization(s), typical	ly by giving the
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the s			• ,,,	
С		Type III functionally i supported organization	-		•			grated with, its
d		Type III non-functions not functionally integra (see instructions). You	ated. The organ	nization generally mu	st satisfy a dist	ribution require		` '
е		Check this box if the o integrated, or Type III	-				s a Type I, Type II, T	ype III functionally
f	Ente	r the number of support	ed organizatior	ns			<u> </u>	
g		Provide the following in		1.	` '		T	T
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see		organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				instructions))	Yes	No		
					i e	i .	i e	i .

Cat. No. 11285F

4,787,024,618

4,787,024,618

17,330,695

4,769,693,923

4,787,024,618

335,775,428

663,530

5,123,463,576

93.095 %

92.656 %

Schedule A (Form 990) 2021

9,094,999,215

(f) Total

(f) Total

Schedule A (For	rm 990) 20

orm	990)	20
•	,,,	

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

2 Tax revenues levied for the

charge..

(f) . .

from line 4.

Calendar year

Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support

Calendar year (or fiscal year beginning in)

paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without

Total. Add lines 1 through 3 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

Public support. Subtract line 5

Section B. Total Support

and income from similar sources

Net income from unrelated business activities, whether or not the business is regularly

10 Other income. Do not include gain or loss from the sale of

11 Total support. Add lines 7

capital assets (Explain in Part

carried on. .

VI.). .

through 10

(or fiscal year beginning in)

Amounts from line 4. . Gross income from interest, dividends, payments received on securities loans, rents, royalties

Gifts, grants, contributions, and membership fees received. (Do

927,957,977 not include any "unusual grant.") organization's benefit and either

(a) 2017

(a) 2017

927.957.977

927,957,977

61,701,929

212,300

Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . .

Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

Section C. Computation of Public Support Percentage

**(b)** 2018

**(b)** 2018

847,546,503

847,546,503

847,546,503

116,124,673

255,204

13 First 5 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,

17a 10%-facts-and-circumstances test—2021. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 

h 10%-facts-and-circumstances test—2020. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

(c) 2019

(c) 2019

970,414,924

970,414,924

970,414,924 73,734,409

41,726

(d) 2020

(d) 2020

1,029,523,653

1.029.523.653

1,029,523,653 52,155,633

69,050

(e) 2021 1,011,581,561

32,058,784

85,250

12

14

(e) 2021

1,011,581,561

1.011.581.561

Sche	edule A (Form 990) 2021						Page :
P	Support Schedule 1 (Complete only if you	_			. , . ,	ion failed to gu	alify under Part
	ÌI. If the organization				_	•	
	ection A. Public Support	T	1				
	endar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	fiscal year beginning in)  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						
3	any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified						
b	persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year.						
с 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c						
	from line 6.)						
	ection B. Total Support		1			1	
	endar year fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
` <sub>9</sub>	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 on line 10h, whether or not the						

9	Amounts from line 6
10a	Gross income from intere

10a	Gross income from interes
	dividends, payments recei
	securities loans, rents, ro

# business is regularly carried on. Other income. Do not include gain

or loss from the sale of capital assets (Explain in Part VI.) . .

Total support. (Add lines 9, 10c, 11, and 12.). .

First 5 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, Section C. Computation of Public Support Percentage

Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . . 15

16 Section D. Computation of Investment Income Percentage 17

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) . . . . . . Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . . . . . . . . . . . .

Public support percentage from 2020 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . .

19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than  $\frac{1}{3}$ 3 1/3%, and

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

15

17

d	line	17	is	r
				г

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-2020. 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

	▶

Yes

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

No

## Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

omplete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

omplete Sections A and D, and complete Part V.)

Section A	All Supporting Organ
checked box	12d, of Part I, co
checked	box 12b, of Part I, co

	occion in in outporting organizations		
			,
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	

**Supporting Organizations** 

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

**Substitutions only.** Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any supported organization that does not have an IRS determination of status under was described in section 509(a)(1) or (2).

section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Supporting Organizations (continued)

Has the organization accepted a gift or contribution from any of the following persons?

Page 5

No

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c				
	below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
	ection of the supporting organizations			
	section 217th Type 111 Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):	
7	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
ı	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.	I	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those</b> supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	163	140

**b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI.* the role played by the organization in this regard.

2b

За

3b

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

instructions)

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Page **6** 

Schedule A (Form 990) (2021)

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

See instructions.

a Excess from 2017. . . .
 b Excess from 2018. . . .
 c Excess from 2019. . . .
 d Excess from 2020. . . .
 e Excess from 2021. . . .

3j and 4c.

8 Breakdown of line 7:

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 7 Excess distributions carryover to 2022. Add lines

Schedule A (Form 990) 2021	Page <b>8</b>					
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test					
Return Reference	Explanation					
PART II, LINE 10:	OTHER INCOME REPRESENTS GROSS INCOME FROM FUNDRAISING EVENTS.					
	Schedule A (Form 990) 2021					

## **SCHEDULE C** (Form 990)

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

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

	•	"Yes" on Form 990, Part IV, Lin		ine 46 (Political Camp	aign Activities), then
	. , . ,	ns: Complete Parts I-A and B. Do r ection 501(c)(3)) organizations: Co	•	not complete Part LR	
	Section 501(c) (other than so Section 527 organizations: C		implete Falts I-A and C below. Do	Thot complete Fait 1-b.	
		"Yes" on Form 990, Part IV, Li	ne 4, or Form 990-EZ, Part VI,	line 47 (Lobbying Act	ivities), then
• 5	Section 501(c)(3) organization	ons that have filed Form 5768 (elec	ction under section 501(h)): Comp	lete Part II-A. Do not cor	mplete Part II-B.
	. , . ,	ons that have NOT filed Form 5768		•	-
		"Yes" on Form 990, Part IV, Li parate instructions), then	ne 5 (Proxy Tax) (see separate	e instructions) or For	m 990-EZ, Part V,
		organizations: Complete Part III.			
Naı	me of the organization	organizatione. Complete Fait III.		Employer identif	ication number
Uni	versity of Southern California			05.4643304	
Par	t I-A Complete if th	e organization is exempt	under section 501(c) or	95-1642394 is a section <b>527</b> o	rganization.
1		the organization's direct and indir			
_	definition of "political car	mpaign activities."			
2		y expenditures. See instructions			
3		ical campaign activities. See inst			
Par	t 1-B Complete if th	e organization is exempt	under section 501(c)(3)		
1		excise tax incurred by the organi		·	
2	_	excise tax incurred by organization			
3	If the organization incurr	ed 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. e organization is exempt	daa.atia <b>FO1</b> (a) a	tti F01/	(-)/(2)
		<u>-</u>			c)(3).
1	L .	expended by the filing organization.	·		
2		filing organization's funds contrib s			
3	Total exempt function ex	penditures. Add lines 1 and 2. Er	nter here and on Form 1120-POL	_, line 17b\$	
4	Did the filing organization	file <b>Form 1120-POL</b> for this year	?		Yes No
5	Enter the names, address	ses and employer identification n	umber (EIN) of all section 527 p	olitical organizations to	which the filing
		ents. For each organization listed, butions received that were promp	·	-	
		I or a political action committee (			
		Tagana an	T	T	T
(a)	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions
				funds. If none, enter	received and
				-0	promptly and directly
					delivered to a separate political
					organization. If none,
					enter -0
1					
2					
3					
4					
5					
6					

line 3, is answered "Yes."

expenses for which the section 527(f) tax was paid).

**Supplemental Information** 

1

2

3

Part IV

Return Reference

PART II-B, LINE 1(G)-(I):

filed Form 5768 (election under section 501(h)).  For each "Yes" response on lines 1a through 1i 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:			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,508,91
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i			1,508,91
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	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?			

Page 3

1

2a

2b 2c

3

4 5

Schedule C (Form 990) 2021

2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	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).					
Par		<b>501(</b> c)	)(5), o	r	

j	Total. Add lines 1c through 1i				1,50	8,913
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 section 501(c)(6).	5 <b>01</b> (c)	(5), o	r		
					Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				4		
	were substantially all (50% of more) dues received nondeductible by members:			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		

Dues, assessments and similar amounts from members ......

Current year ..... Carryover from last year .....

2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .

Taxable amount of lobbying and political expenditures. See Instructions ......

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? .....

DUES ARE NOT REPORTED IN PART II-B.

j	Total. Add lines 1c through 1i				1,50	08,913
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
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 $501(c)(5)$ , c section $501(c)(6)$ .					
Par		201(c)	)(5), (	) F		
Par		<b>501</b> (C)	)(5), c	)r 	Yes	No
Par 1			)(s), c	1	Yes	No
1 2	section 501(c)(6).		(s), c	1 2	Yes	No
1 2 3	section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		E	1 2 3	Yes	No

	Other activities?	res							
j	Total. Add lines 1c through 1i					08,913			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo						
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).									
Par		501(c	)(5), (	ЭГ	Ves	No			
Par 1			)(5), c	)r 1	Yes	No			
	section 501(c)(6).		)(5), c	1 2	Yes	No			
1	section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1 2 3	Yes	No			

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and

THE UNIVERSITY OF SOUTHERN CALIFORNIA'S LOBBYING EFFORTS INCLUDE, THROUGH THE

ORGANIZATIONS WHICH MAY LOBBY ON ITS BEHALF. AMOUNTS ASSOCIATED WITH MEMBER

USE OF PAID STAFF AND OUTSIDE LOBBYING FIRMS, THE PROMOTION OF HIGHER APPROPRIATIONS FOR STUDENT AID AND BASIC RESEARCH PROGRAMS AND EFFORTS TO GENERALLY FURTHER THE UNIVERSITY'S MISSION OF EDUCATION AND RESEARCH AT THE LOCAL, STATE AND FEDERAL LEVEL. THE UNIVERSITY ALSO PAYS DUES TO MEMBER

## **SCHEDULE D** (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public

tern	nal Revenue Service	► Go to <u>www.irs.gov/Fo</u>	<u>rm990</u> for instructions and the latest inform	matio	n.	Inspection
	ame of the organiz			Emp	ployer identifica	tion number
Un	niversity of Southern C	alifornia		05-	1642394	
P	art I Organi	zations Maintaining Donor	Advised Funds or Other Similar Fu			).
			"Yes" on Form 990, Part IV, line 6.			
			(a) Donor advised funds		(b) Funds and	other accounts
L	Total number at e	end of year	9			
2	Aggregate value	of contributions to (during year)	36,002,541			
3	Aggregate value	of grants from (during year)	9,485,336			
1	Aggregate value	at end of year	69,025,275			
5	_		visors in writing that the assets held in donc tion's exclusive legal control?			✓ Yes No
5	charitable purpo	oses and not for the benefit of the do	d donor advisors in writing that grant funds nor or donor advisor, or for any other purpo	se cor	nferring .	✓ Yes No
Pa		rvation Easements. te if the organization answered	"Yes" on Form 990, Part IV, line 7.			
1	Purpose(s) of co	onservation easements held by the o	organization (check all that apply).			
	Preservation	n of land for public use (e.g., recreat	ion or education) Preservation of an	histor	rically importan	t land area
	Protection o	f natural habitat	Preservation of a c	ertifie	ed historic struc	cture
	Preservation	n of open space				
2	Complete lines	2a through 2d if the organization he	ld a qualified conservation contribution in th	ne fori	m of a conserva	tion
	easement on the	e last day of the tax year.			Held at the	End of the Year
а	Total number of	conservation easements		2a		
b	-	estricted by conservation easement	s	2b		
c			storic structure included in (a)	2c		
d		ervation easements included in (c) are listed in the National Register	acquired after 7/25/06, and not on a	2d		
3	Number of cons tax year ▶	ervation easements modified, transf	erred, released, extinguished, or terminated	l by th	he organization	during the
4	Number of state	es where property subject to conser	vation easement is located 🕨			
5		, , ,	ng the periodic monitoring, inspection, hand sements it holds?	ling of	f <b>Y</b> e	es No
5	Staff and volunt year	teer hours devoted to monitoring, in	specting, handling of violations, and enforci	ng cor	nservation ease	ments during the
7	Amount of expe	nses incurred in monitoring, inspect	ing, handling of violations, and enforcing co	nserv	ation easement	s during the year
8		The state of the s	2(d) above satisfy the requirements of sect		70(h)(4)	es No
9	balance sheet, a		conservation easements in its revenue and f the footnote to the organization's financial ements.		•	
a			ons of Art, Historical Treasures, on "Yes" on Form 990, Part IV, line 8.	or Ot	her Similar	Assets.
1a	of art, historical	I treasures, or other similar assets h	B ASC 958, not to report in its revenue stated for public exhibition, education, or reservate to its financial statements that describes	arch ir	n furtherance of	
b	art, historical tr		B ASC 958, to report in its revenue statemed for public exhibition, education, or researchs:			
	(i) Revenue includ	ded on Form 990, Part VIII, line 1 .			. <b>&gt;</b> \$_	
						29,144,752
2	If the organizati	ion received or held works of art, his	storical treasures, or other similar assets for ASB ASC 958 relating to these items:		· · · · · · · · · · · · · · · · · · ·	de the
а	Revenue include	ed on Form 990, Part VIII, line 1 .			<b>&gt;</b> \$	

 $\textbf{b} \quad \text{Assets included in Form 990, Part X} \\ \textbf{X} \\ \textbf{.} \\ \textbf$ 

Part XIII.

Part IV

c

Scholarly research

Preservation for future generations

**Endowment Funds.** 

d Grants or scholarships . . . e Other expenditures for facilities

**f** Administrative expenses . . .

Permanent endowment

(i) Unrelated organizations .

. . . . . .

Term endowment

organization by:

Description of property

1a Land . . . .

**e** Other

**b** Buildings . . . . c Leasehold improvements d Equipment . . . .

End of year balance . . . .

Board designated or quasi-endowment ▶

and programs . . .

3	collection items (check all that apply):	s, cn	any of the folio	owing that are a significant use of its
а	Public exhibition	d	Loan or exch	ange programs
b	Scholarly research	e	Other EDUC	CATION

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

**Escrow and Custodial Arrangements.** 

(a) Current year (b) Prior year 1a Beginning of year balance . . . 7,517,878,238 5,400,108,641

70.090 %

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

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

(a) Cost or other basis

(investment)

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

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

Land, Buildings, and Equipment.

170,484,066 155,477,007 2,221,283,012 -275,090,857 c Net investment earnings, gains, and losses

55,700,687

232,597,741

12,475,909

7,112,497,110

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

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

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ....

53,482,200

194,880,267

10,627,955

7,517,878,238

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

(b) Cost or other basis (other) (c) Accumulated depreciation

209,224,490

665,368,914

751.117.887

4,939,128,809

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not

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

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?. . .

1c

1d

1e

5,476,423,715

107,632,490

63,728,992

51,656,854

185,939,043

10,080,659

5,400,108,641

(c) Two years back (d) Three years back

**Ves** 

**Amount** 

5,282,284,883

188,223,613

238,538,234

46,594,372

177,037,868

8,990,775

5,476,423,715

2,064,882,872

527,698,942

395,509,744

No

No

571,035,792

-303,936,744

11,280,250

□ No

255,818,798

(e) Four years back

4,876,143,064

179.791.712

450,633,689

47,999,221

167,411,661

5,282,284,883

Yes

Yes

Yes

(d) Book value

3a(i)

3a(ii)

No

Νo

209,224,490

137,669,972

355,608,143

2,874,245,937

8,872,700

Contributions .

2

## 3,576,748,542 Schedule D (Form 990) 2021

XIII [

(a) Description of security or category (b) Book value Cort or and of valuations: (1) Financial derivatives	Part VII	Investments - Other Securities. Complete if the organization answered "Yes	s" on Form 990. Part	IV. line 11b.Se	e Form 990.	Part X. line 12.
		(a) Description of security or category			(c) Method of v	valuation:
2) Closery-held equilty interests	(1) Financi			Cost	or end-of-yea	r market value
(a) HERCE FUND   2,085,088,171   F	. ,					
(6) PRIVATE EQUITY (9) 2,485,891,546 F (7) (7) (8) (9) (7) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	` '		2 085 898 1	71	F	
(6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(A) HEDGE	TONE				
(C) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F		FE EQUITY	2,485,891,54	46	F	
Fig.	(C)					
(f) (G) (H)  Total (Column (a) must equal from 990, Part X, col. (b) ine 12.)  (a) Description of investment  (b) Sook value (C) Mented of valuation: (C) Soor end-of-year market value. (d) (d) (e) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(D)					
Complete   Column (b) must equal form 990, Part X, col. (b) line 12.)   4,571,789,717	(E)					
Total. (Column (b) must equal Form 990, Part X, col. (8) Nee 12.)	(F)					
Testal. (Column (b) must equal Form 990, Part X, col. (b) line 12.)	(G)					
Part X	(H)					
Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Nethold of valuation: Cost or end-of-year market value (d)  (d)  (d)  (d)  (e)  (e)  (f)  (f)  (f)  (g)  (g)  (g)  (g)  (g	Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	<b>4,571,789,7</b>	17		
(a) Description of Investment (b) Book value (c) Method of Valuations Cost or end-of-year market value (1)  (2)  (3)  (4)  (5)  (6)  (9)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Fart X, col. (B) line 13.)  (1) Part XX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (1) REAL ESTATE/OTHER INVESTMENTS (1) Passet (1) Pa			-l F 000 B	TV 1: 11- C-	- F 000	Doub V. Line 12
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.)  (a) Description (b) Book value (1) REAL ESTATE/OTHER INVESTMENTS (a) Description (b) Book value (1) REAL ESTATE/OTHER INVESTMENTS (3) OTHER (3) OTHER (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.)  (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.)  (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.)  (b) Book Value (c) Book Value (d) Federal income taxes (e) Book Value (d) Federal income taxes (f) (e) Book Value (e) Book Value (f) Federal income taxes (f) (f) (g) (g) (h) Book Value (h) Book Value (h) Book Value (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Federal income taxes (f) (h) Book Value (h) Federal income taxes (f) (h) Federal income taxes (f) (h) Federal income taxes (f) (h) Federal	AIII		s on Form 990, Part		(c) Me	thod of valuation:
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) (9) (1) REAL ESTATE/OTHER INVESTBENTS (2) Description (3) Description (4) Signature of the Draw of the D	(1)					
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.)  Part XX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)REAL ESTATE/OTHER INVESTMENTS (12,793,71 (2)ASSETS HELD BY OTHER TRUSTEES (177,464,03 (3)CTHER (17,997,72)CT) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.)  Total. (Column (c) must equal Form 990, Part X, col.(8) line 15.)  (a) Description of liability (b) Book value (1) Federal income taxes (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 25.)  Total. (Column (b) must equal Form 990, Part X, col.(8) line 25.)	(2)					
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1)REAL ESTATE/OTHER INVESTMENTS (512,793,71 (2)ASSETS HELD BY OTHER TRUSTEES 177,464,03 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	(3)					
(6) (7) (8) (9)  Total. (Column (b) must equal form 990, Part X, col.(B) line 13.)  Part IX Other Assets Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (2) ASSETS HELD BY OTHER TRUSTEES 177,464,03 (3) OTHER (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal form 990, Part X, col.(B) line 15.) 807,355,47  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (7) (8) (9)	(4)					
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1)REAL ESTATE/OTHER INVESTMENTS (612,793,71 (2)ASSETS HELD BY OTHER TRUSTEES 177,464,03 (3)OTHER 177,464,03 (3)OTHER (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Description of liability (b) Book value (1) Federal income taxes (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (7)	(5)					
(8)  (9)  Total. (Column (b) must equal form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) REAL ESTATE/OTHER INVESTMENTS (612,793,71  (2) ASSETS HELD BY OTHER TRUSTEES 177,464,03  (3) OTHER 17,464,03  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  (a) Description of liability (b) Book value  (1) Federal income taxes  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(6)					
(9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX	(7)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) REAL ESTATE/OTHER INVESTMENTS (512,793,71 (2) ASSETS HELD BY OTHER TRUSTEES (177,464,03 (3) OTHER (17,097,72 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶ 807,355,47  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (7) (8) (9) (9) (9) (9) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(8)					
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) REAL ESTATE/OTHER INVESTMENTS 512,793,71 (2) ASSETS HELD BY OTHER TRUSTEES 717,464,03 (3) OTHER 71,097,72 (3) 71,097,72 (4) (5) (6) (7) (8) (9) (9) (9) (9) (10) Part X, col. (B) line 15.) ▶ 807,355,47  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (7) (8) (9) (9) (9) (9) (10) Part X, col. (B) line 25.) ▶ 581,366,76	(9)					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) Book value	Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•			
(a) Description       (b) Book value         (1)REAL ESTATE/OTHER INVESTMENTS       612,793,71         (2)ASSETS HELD BY OTHER TRUSTEES       177,464,03         (3)OTHER       17,097,72         (3)       (4)         (5)       (6)         (7)       (8)         (9)       807,355,47         Part X Other Liabilities.       000000000000000000000000000000000000	Part IX		on Form 990 Part	IV line 11d Soc	Form 000 Pa	rt V lino 15
177,464,03   177,464,03   177,97,72   3				iv, iiie iiu. see	FOIIII 990, Pa	
(3) OTHER 17,097,72 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶ 807,355,47  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ 581,366,76						612,793,714
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶ 807,355,47  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ 581,366,76						
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)						1,703,7,21
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	(4)					
(7) (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	(5)					
(8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	(6)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	(7)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	(8)					
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  581,366,76	(9)					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	Total. (Colu	ımn (b) must equal Form 990, Part X, col.(B) line 15.)			. •	807,355,474
1. (a) Description of liability (b) Book value  (1) Federal income taxes (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  581,366,76	Part X	Complete if the organization answered 'Yes'	on Form 990, Part	IV, line 11e or 1	.1f.	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  ▶ 581,366,76	1.		of liability			(b) Book value
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  581,366,76		income taxes				0
(9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  581,366,76						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)       ▶       581,366,76						
		nn (h) must agual Form 000 Dort V col (P) line 35 \			_	F01 000 755
- ENDING TO MICCICAL LANDOUGHOUR ALL HIL ALL DIOVIGE HIE LEAL OF THE HORITHME TO THE OLDSHOP SHOULD SHOW IN STATEMENTS HAT TERRITS IN			e text of the footnote to	the organization	s financial stat	

2e

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2e

3

4c

Schedule D (Form 990) 2021

Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	er	
	Return.		
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		_
1 -	revenue gains, and other support per audited financial statements	1	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4a 4b

2a

2b

2c

2d

4a

4b

THE UNIVERSITY OF SOUTHERN CALIFORNIA RETAINS MULTIPLE COLLECTIONS OF ART, HISTORICAL TREASURES AND OTHER SIMILAR ASSETS SUCH AS BOOKS, SCRIPTS, FILMS AND PHOTOGRAPHY. THESE COLLECTIONS ARE PROTECTED AND PRESERVED FOR EDUCATION,

SPONSORED AND/OR AFFILIATED PROGRAMS. THE UNIVERSITY DOES NOT OWN THE FUNDS

THE UNIVERSITY OF SOUTHERN CALIFORNIA DOES NOT HAVE A FIN 48 FOOTNOTE AS ANY

THE INTENT OF THE UNIVERSITY'S ENDOWMENT FUNDS IS TO GENERATE THE REVENUES NECESSARY TO SUPPORT THE UNIVERSITY'S EXEMPT PURPOSES, INCLUDING EDUCATION,

THE UNIVERSITY ACTS AS THE FISCAL AGENT FOR FUNDS RELATED TO UNIVERSITY

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

UNCERTAIN TAX POSITIONS WERE DEEMED IMMATERIAL.

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

ASSOCIATED WITH THESE PROGRAMS.

RESEARCH AND SCHOLARSHIPS.

RESEARCH AND PUBLIC EXHIBITION PURPOSES.

- 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

  - Net unrealized gains (losses) on investments . . . . 2a
- 2b
- Donated services and use of facilities . . . . . .
- 2c

- Other (Describe in Part XIII.) 2d

- 3
  - Subtract line 2e from line 1 . . . . . .

  - Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total expenses and losses per audited financial statements . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Amounts included on line 1 but not on Form 990, Part IX, line 25: 

- Investment expenses not included on Form 990, Part VIII, line 7b.

Add lines **4a** and **4b** . . . . . . . . .

. . . . . . . . . . . . Add lines 2a through 2d . . . . . . .

- Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Supplemental Information

Return Reference

2

Part XIII

PART III, LINE 4:

PART IV, LINE 1B:

PART V, LINE 4:

PART X, LINE 2:

## **SCHEDULE E** (Form 990)

# **Schools**

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

2021

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ.

Name of	the organization of Southern California	Employer identification	nspec on nun		
Offiversity	or Southern Camornia	95-1642394			
Part I					
				YES	NO
	es the organization have a racially nondiscriminatory policy toward students by statement in ner governing instrument, or in a resolution of its governing body?		1	Yes	
bro	es the organization include a statement of its racially nondiscriminatory policy toward stude ochures, catalogues, and other written communications with the public dealing with student a	admissions,			
3 Ha an He 90	ograms, and scholarships?	cessible Internet ne homepage, or cration period if it has cy it serves? If "Yes,"	2	Yes	
	ŝዊዮቸውe. If "No," please explain. If you need more space use Part II		3		No
	es the organization maintain the following?				
<b>b</b> Re	cords indicating the racial composition of the student body, faculty, and administrative staff? cords documenting that scholarships and other financial assistance are awarded on a raciall	y nondiscriminatory	4a	Yes	
	sis?		4b	Yes	
	th student admissions, programs, and scholarships?	,	4c	Yes	
If · y	pies of all material used by the organization or on its behalf to solicit contributions? you answered "No" to any of the above, please explain. If you need more space, use Part II.  es the organization discriminate by race in any way with respect to:		4d	Yes	
<b>a</b> Sti	udents' rights or privileges?		5a		Νo
<b>b</b> Ad	missions policies?		5b		Νo
<b>c</b> Em	nployment of faculty or administrative staff?		5c		Νo
<b>d</b> Scl	holarships or other financial assistance?		5d		Νo
<b>e</b> Ed	ucational policies?		5e		Νo
<b>f</b> Us	e of facilities?		5f		Νo
<b>g</b> Ath	hletic programs?		5g		Νo
	her extracurricular activities?		5h		No
	es the organization receive any financial aid or assistance from a governmental agency? .		6a	Yes	
	s the organization's right to such aid ever been revoked or suspended?		6b		Νo
	you answered "Yes" to either line 6a or line 6b, explain on Part II. es the organization certify that it has complied with the applicable requirements of sections	4.01 through 4.05			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on P	-	7	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
EXPLANATION FOR LINE 3:	NON-DISCRIMINATION POLICY THE UNIVERSITY MEETS THE REQUIREMENTS OF SECTIONS 4.01 THROUGH 4.05 OF REV. PROC 75-50, COVERING RACIAL NONDISCRIMINATION, BECAUSE IT DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS FROM ARQUIND THE US. AND WORLD, ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS, AND FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS. THE UNIVERSITY OF SOUTHERN CALIFORNIA IS AN EQUAL OPPORTUNITY EMPLOYER AND EDUCATOR. PROUDLY PLURALISTIC AND FIRMLY COMMITTED TO PROVIDING EQUAL OPPORTUNITY FOR OUTSTANDING MEN AND WOMEN OF EVERY RACE, CREED AND BACKGROUND, THE UNIVERSITY STRIVES TO BUILD A COMMUNITY IN WHICH EACH PERSON RESPECTS THE RIGHTS OF OTHER PEOPLE TO LIVE, WORK AND LEARN IN PEACE AND DIGNITY, TO BE PROUD OF WHO AND WHAT THEY ARE, AND TO HAVE EQUAL OPPORTUNITY TO REALIZE THEIR FULL POTENTIAL AS INDIVIDUALS AND MEMBERS OF SOCIETY. TO THIS END, THE UNIVERSITY PLACES GREAT EMPHASIS ON THOSE VALUES AND VIRTUES THAT BIND US TOGETHER AS HUMAN BEINGS AND MEMBERS OF THE TROJAN FAMILY. THE UNIVERSITY WILL GIVE CONTINUING SUPPORT TO ITS IMPLEMENTATION. THE UNIVERSITY SIC COMMITTED TO COMPLYING WITH ALL APPLICABLE LAWS AND GOVERNMENTAL REGULATIONS AT EVERY LEVEL OF GOVERNMENT WHICH PROHIBIT DISCOMMENTED TO COMPLYING WITH ALL APPLICABLE LAWS AND GOVERNMENTAL REGULATIONS AT EVERY LEVEL OF GOVERNMENT WHICH PROHIBIT DISCOMMENTED TO COMPLYING WITH ALL APPLICABLE LAWS AND GOVERNMENTAL REGULATIONS AT EVERY LEVEL OF GOVERNMENT WHICH PROHIBIT DISCOMMENTS FOR EMPLOYMENT ON THE BASIS OF ANY PROTECTED CATEGORY, INCLUDING RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGION, GENDER, SEXUAL ORIENTATION, AGE, PHYSICAL DISABILITY, MENTAL DISABILITY, MARITAL STATUS, SETERAN STATUS, GENERAL GROWN OF A PROTECTED CATEGORY, INCLUDING RACE, COLOR, NATIONAL ORIGIN, ADMISSION, OR FACULTY, STAFF AND APPLICANTS FOR EMPLOYMENT ON THE BASIS OF ANY PROTECTED CATEGORY, INCLUDING RACE, COLOR, NATIONAL ORIGIN, ADMISSION, OR FACULTY, STAFF AND APPLICANTS FOR EMPLOYMENT ON THE BASIS OF ANY PROTECTED CATEGORY, INCLUDING RAC
	UNIVERSITY'S HARASSMENT AND DISCRIMINATION PREVENTION TRAINING.
EXPLANATION FOR LINE 6A:	THE UNIVERSITY OF SOUTHERN CALIFORNIA RECEIVES FUNDING FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES IN SUPPORT OF

**Return to Form** 

**SCHEDULE F** 

Department of the Treasury Internal Revenue Service

(Form 990)

"Yes" on Form 990, Part IV, line 14b.

# Statement of Activities Outside the United States

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

▶ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants ම්ffrer assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used

Name of the organization University of Southern California

	to award the grants or assi	stance?				✓ Yes No
2	For grantmakers. Describe assistance outside the Unit		e organization	's procedures for mor	itoring the use of its grant	s and other
3	Activites per Region. (The following	owing Part I, li	ne 3 table can b	e duplicated if addition	al space is needed.)	
						¥
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	East Asia and the Pacific	0	5	Program Services	INSTRUCT, EXCUR, TRAVEL	85,558
	Europe (Including Iceland and Greenland)	0	191	Program Services	INSTRUCT,EXCUR,TRAVEL	1,566,986
( 3)	Middle East and North Africa	0	0	Program Services	INSTRUCT,EXCUR,TRAVEL	52,404
(4)	North America	0	10	Program Services	INSTRUCT, EXCUR, TRAVEL	108,644
( 5)	Russia and the Newly Independent States	0	1	Program Services	INSTRUCT,EXCUR,TRAVEL	24,880
( 6)	South America	0	8	Program Services	INSTRUCT, EXCUR, TRAVEL	81,896
(7)	South Asia	0	0	Program Services	INSTRUCT,EXCUR,TRAVEL	2,000
( 8)	Sub-Saharan Africa	0	4	Program Services	INSTRUCT,EXCUR,TRAVEL	93,593
( 9)	Central America and the Caribbean	0	1	Program Services	Research	1,549
10)	East Asia and the Pacific	0	0	Program Services	Research	8,838
11)	Europe (Including Iceland and Greenland)	0	7	Program Services	Research	74,247
( 12)	Middle East and North Africa	0	0	Program Services	Research	1,872
	North America	0	1	Program Services	Research	4,253
	Russia and the Newly Independent States	0	0	Program Services	Research	3,360
( 15)	South America	0	1	Program Services	Research	43,364
	South Asia	0	0	Program Services	Research	9,879
	Sub-Saharan Africa	0	0	Program Services	Research	5,677
18)	Central America and the Caribbean	0	0	Program Services	Student Abroad	48,873
19)	Europe (Including Iceland and Greenland)	0		Program Services	Student Abroad	192,634
20)	Middle East and North Africa	0	0	Program Services	Student Abroad	35,190
21)	Central America and the Caribbean	0	0	Program Services	Recruitment	1,150

23 Program Services

**Program Services** 

0 Program Services

1 Program Services

Program Services

Program Services

Program Services

Program Services

Grantmaking

Grantmaking

Grantmaking

Grantmaking

Grantmaking

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Grantmaking

Investments

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	Gre

22) ( Europe (Including Iceland and 23) Greenland

( East Asia and the Pacific

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East Asia and the Pacific

( East Asia and the Pacific

Europe (Including Iceland and

Europe (Including Iceland and

( Middle East and North Africa

Greenland)

( North America

South America

South Asia

Greenland)

Greenland)

Greenland)

South America

Sub-Saharan Africa

Central America and the

( East Asia and the Pacific

( Central America and the

Europe (Including Iceland and

 $\boldsymbol{b}$  Total from continuation sheets

( South Asia

40) Greenland)

41) Caribbean

3a Sub-total .

to Part I .

24) 25)

26)

27)

( Europe (Including Iceland and 28) Greenland

30)

( North America 33

35)

36)

37)

38)

39)

c Totals (add lines 3a and 3b) 11 For Paperwork Reduction Act Notice, see the Instructions for Form 990

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294

Cat. No. 50082W Schedule F (Form 990) 2021

Recruitment

Recruitment

Recruitment

Recruitment

Recruitment

Recruitment

Globalization - Travel

International Experien

International Experien

INSTRUCT, EXCUR, TRAVEL

OMB No. 1545-0047

**Employer identification number** General Information on Activities Outside the United States. Complete if the organization answered

95-1642394

2,140,122

147,295

191,196

200,617

132,354

775,583

345,406

4,018,201

1,978,604

1,362,623

2,195,147

1,242,680

6,363,343

2,169,000

1,863,678,034

1,865,847,034

9,581

371,403,178

1,470,591,850

269,070

22,466

7,299

3,572

29)

31)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

								3
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RESEARCH SUBAWARD	2,930,361				appraisal, other)
( 2)		East Asia and the	RESEARCH SUBAWARD	337,138				
( 3)		East Asia and the	RESEARCH SUBAWARD	30,803				
(4)		East Asia and the	RESEARCH SUBAWARD	107,479				
( 5)		East Asia and the	RESEARCH	32,170				
( 6)		East Asia and the	SUBAWARD RESEARCH	157,762				
(7)		East Asia and the	SUBAWARD RESEARCH	22,500				
( 8)		East Asia and the	SUBAWARD RESEARCH	21,466				
( 9)		East Asia and the	SUBAWARD RESEARCH	182,395				
(			SUBAWARD RESEARCH	191,430				
(			SUBAWARD RESEARCH	227,593				
11)		Iceland and Greenland)	SUBAWARD					
( 12)		Iceland and Greenland)	RESEARCH SUBAWARD	35,828				
13)		Iceland and	RESEARCH SUBAWARD	268,545				
( 14)			RESEARCH	328,071				
		Greenland)	SUBAWARD	20,000				
15)		Iceland and Greenland)	RESEARCH SUBAWARD	80,000				
16)			RESEARCH SUBAWARD	96,518				
( 17)		Europe (Including	RESEARCH SUBAWARD	243,186				
18)		Europe (Including	RESEARCH SUBAWARD	14,731				
( 19)		Europe (Including	RESEARCH SUBAWARD	25,000				
20)		Europe (Including	RESEARCH SUBAWARD	52,857				
( 21)		Europe (Including	RESEARCH SUBAWARD	110,235				
( 22)		Europe (Including	RESEARCH SUBAWARD	55,770				
( 23)		Europe (Including	RESEARCH SUBAWARD	134,323				
( 24)		Europe (Including	RESEARCH SUBAWARD	36,672				
( 25)		Europe (Including	RESEARCH SUBAWARD	209,767				
( 26)		Europe (Including	RESEARCH SUBAWARD	30,820				
( 27)		Europe (Including	RESEARCH SUBAWARD	24,432				
( 28)		Middle East and North		18,980				
( 29)		North America	SUBAWARD RESEARCH	57,760				
( 30)		North America	SUBAWARD RESEARCH	47,480				
(		North America	SUBAWARD RESEARCH	307,290				
(		North America	SUBAWARD RESEARCH	122,287				
32)			SUBAWARD RESEARCH	92,700				
(			SUBAWARD RESEARCH	491,465				
(			SUBAWARD RESEARCH	25,000				
35)			SUBAWARD RESEARCH	218,640				
36)			SUBAWARD RESEARCH	193,070				
37)			SUBAWARD RESEARCH	76,000				
38)			SUBAWARD RESEARCH	2,195,147				
39)			SUBAWARD					
40)			RESEARCH SUBAWARD	51,731				
41)			RESEARCH SUBAWARD	110,458				
(42)			RESEARCH SUBAWARD	605,876				
43)			RESEARCH SUBAWARD	125,882				
(44)			RESEARCH SUBAWARD	348,733				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

 $\ensuremath{\mathtt{3}}$  Enter total number of other organizations or entities  $\ensuremath{\mathtt{.}}$ 

(2) (3) (4) (5) (6) (7) (8)

10) ( 11)

12) ( 13) ( 14)

15)

16) ( 17)

18)

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of passistance (assistance) (c) Number of (d) Amount of (d) Amo

(a) Type of grant of	(b) Region	(c) Number of	(a) Amount of	(C) Mainter of cash	(1) Amount of	(g) Description	(II) Medilod of
assistance		recipients	cash grant	disbursement	noncash	of noncash	valuation
					assistance	assistance	(book, FMV,
							appraisal, other)
(1)							

Schedule F (Form 990) 2021

# Additional Data Software ID: Software Version:

**SCHEDULE G** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

**Open to Public** 

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Inspection **Employer identification number** 

oniversity of Southern Camornia			95-1642394	ŀ
<b>Part I Fundraising Activities.</b> Comp	_		" on Form 990, Part IV	, line 17.
1 Indicate whether the organization raised for	unds through any of	the following activities.	Check all that apply.	
a 🔽 Mail solicitations		e 🔽 Solicitation of no	on-government grants	
<b>b</b> 🔽 Internet and email solicitations		f Solicitation of g	overnment grants	
c Phone solicitations		g 🔽 Special fundrais	ing events	
<b>d</b> 🔽 In-person solicitations				
Did the organization have a written or oral or key employees listed in Form 990, Part of the Yes, list the 10 highest paid individual to be compensated at least \$5,000 by the	VII) or entity in cor s or entities (fundra	nnection with profession	al fundraising 🔽 Ye	<b>s No</b> ndraiser is
(i) Name and address of individual or entity (fundraiser)	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1 ALBERT CHECCIO LLC FUNDRAISING CONSULTING	Yes No		495,000	
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total			495,000	
<b>3</b> List all states in which the organization is registration or licensing.	egistered or licensed	to solicit contributions	or has been notified it is e	xempt from
A R, C A, C O, C T, FL, G A, I N, I A, KS, KY, L A, M	D, M A, M I, M N, M S,	N H, N J, N M, N Y, N C, O I	H, O R, P A, S C, S D, V T, V	4, W V, W I

	rt II Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
are		(a)Event #1  Alumni Awards  (event type)	(b) Event #2  Scripter Awards  (event type)	(c)Other events  1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue					
	1 Gross receipts	348,200	133,200	50,310	531,710
	2 Less: Contributions	262,950	133,200	47,310	443,460
	3 Gross income (line 1 minus line 2)	85,250	,	3,000	
	4 Cash prizes	337233		5,000	307230
	5 Noncash prizes	2,500	10,218	3,104	15,822
Direct Expenses	6 Rent/facility costs	50,188	4,090	927	55,205
xbe	7 Food and beverages	165,763	7,781	123,566	297,110
to E	8 Entertainment	10,133		118,054	128,187
<u>D</u>	9 Other direct expenses	115,454	61,740	31,984	209,178
	10 Direct expense summary. Add lines	4 through 9 in column (d	)		705,502
INSAN	t III Gaming. Complete if the or \$15,000 on Form 990-EZ, li	rganization answered	"Yes" on Form 990, P	art IV, line 19, or rep	
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive hingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue				
uses	2 Cash prizes				
Direct Expense	3 Noncash prizes				
to e	4 Rent/facility costs				
ä	<b>5</b> Other direct expenses				
		☐ Yes <u>%</u>	Yes%_	Yes%_	
	6 Volunteer labor	□ No	No	No	
	7 Direct expense summary. Add lines	2 through 5 in column (d	)		
	8 Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<u> </u>	
9 a b	Enter the state(s) in which the organized Is the organization licensed to conduct If "No," explain:	t gaming activities in eac	ch of these states? .		Yes No
10a b	Were any of the organization's gaming If "Yes," explain:	licenses revoked, susper	nded or terminated durin	g the tax year?	☐Yes ☐No

		Softwa	are ID:			
Ac	lditional Data		Schedu	-	turn to Form	
	Return Reference		Explanation Schedu	le G (Form	990) 2021	
Par			planations required by Part I, line 2b, co b, as applicable. Also provide any additi			
	in the organization's own exempt ac	tivities during the tax ye	ear 🕨 \$		) 1 ( )	
b					Yes No	
а	Is the organization required under s		ble distributions from the gaming proceeds to	_	_	
17	Mandatory distributions:					
	☐ Director/officer	Employee	☐ Independent contractor			
	Description of services provided -					
	Gaming manager compensation ► \$					
16	Gaming manager information:					
	Address					
	Name 🕨					
С	If "Yes," enter name and address of	• •				
	amount of gaming revenue retained		·			
b	If "Yes," enter the amount of gaming	revenue received by th	e organization 🕨 \$ and	the	169   140	
15a			n whom the organization receives gaming	_	Vas ENa	
	Address					
	Name					
14	Enter the name and address of the p	person who prepares the	organization's gaming/special events books a	nd records	:	
a b	-			13b		%
13	Indicate the percentage of gaming a	,		13a		%
12	formed to administer charitable gam	ing?	t or a member of a partnership or other entity	🗖	Yes □No	
11	Does the organization conduct gami	ng activities with nonme	embers?	. [	Yes No	
Sche	dule G (Form 990) 2021				Pag	е 3

**Software Version:** 

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

### **Grants and Other Assistance to Organizations. Governments and Individuals in the United States**

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

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number University of Southern California 95-1642394

Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, organization grant cash noncash assistance or assistance or government other) assistance (1) Redeemer Community GENERAL SUPPORT 91-2144336 501(C)(3) 24.030 Partnership PO Box 180499 Los Angeles, CA 90018 (2) Al Otro Lado 47-2910078 501(C)(3) 35,780 GENERAL SUPPORT PO Box 907 Maywood, CA 90270 23,750 GENERAL SUPPORT (3) Social and Environmental 95-4116679 501(C)(3) Entrepreneurs 23564 Calabasas Road Suite 201 Calabasas, CA 91302 (4) Youth Business Alliance GENERAL SUPPORT 46-2067337 501(C)(3) 8,000 800 Wilshire Boulevard Suite 200 Los Angeles, CA 90017 (5) Clifford Beers Housing 95-4485263 501(C)(3) 25,000 GENERAL SUPPORT Inc 11739 Victory Boulevard Los Angeles, CA 91606 (6) PUENTE Learning Center 501(C)(3) 95-4242175 22,000 GENERAL SUPPORT 501 South Boyle Avenue Los Angeles, CA 90033 (7) Wellnest 95-1690974 501(C)(3) 28,000 GENERAL SUPPORT 3031 South Vermont Avenue Los Angeles, CA 90007 501(C)(3) (8) OUR HOUSE Grief 33-0529915 38,000 GENERAL SUPPORT Support Center 21860 Burbank Boulevard Suite 195 Woodland Hills, CA 91367 (9) FEAST 46-4312265 501(C)(3) 17,460 GENERAL SUPPORT 3655 South Grand Avenue Suite 210 Los Angeles, CA 90007 (10) Jazz Hands for Autism 47-1719982 501(C)(3) 28,500 GENERAL SUPPORT 10220 Culver Boulevard Suite 101 Culver City, C A 90232 (11) Sacred Heart 95-1641965 501(C)(3) 21,150 GENERAL SUPPORT Elementary School 2109 Sichel Street Los Angeles, CA 90031 501(C)(3) (12) 24th STreet Theatre 95-4607337 31,990 GENERAL SUPPORT Company 1117 West 24th Street Los Angeles, CA 90007 (13) School on Wheels Inc 95-4422640 501(C)(3) 31,730 GENERAL SUPPORT 3150 North San Fernando Road Suite Los Angeles, CA 90065 (14) Network for Teaching 13-3408731 501(C)(3) 10,650 GENERAL SUPPORT Entrepreneurship (NFTE) Los 201 North Brand Boulevard Suite 20 Glendale, CA 91203 (15) Project Scientist 46-1763945 501(C)(3) 43,200 GENERAL SUPPORT PO Box 515 Laguna Beach, CA 92652

(16) Rise Education Fund 820 Kodak Drive Los Angeles, C A 90026	84-3954465	501(C)(3)	30,000		GENERAL SUPPORT
(17) Khalsa Peace Corps 1431 West Jefferson Boulevard Los Angeles, CA 90007	26-4601165	501(C)(3)	19,000		GENERAL SUPPORT
(18) Community Services Unlimited Inc 6569 South Vermont Avenue Los Angeles, CA 90044	95-3218396	501(C)(3)	34,280		GENERAL SUPPORT
(19) Mount Olive Lutheran Church 1343 Ocean Park Boulevard Santa Monica, CA 90014	95-1757256	501(C)(3)	9,576		GENERAL SUPPORT
(20) Fulcrum Arts 145 North Raymond Avenue Pasadena, CA 91103	95-2540759	501(C)(3)	25,000		GENERAL SUPPORT
(21) SOLA Community Peace Center 3651 South Vermont Avenue Los Angeles, CA 90007	37-1945764	501(C)(3)	25,770		GENERAL SUPPORT
(22) Violence Intervention Program Community Mental Hea 1721 Griffin Avenue Los Angeles, CA 90031	30-0017808	501(C)(3)	29,390		GENERAL SUPPORT
(23) Living Advantage Inc 2734 Raymond Avenue Los Angeles, CA 90007	95-4447561	501(C)(3)	29,980		GENERAL SUPPORT
(24) 826LA 1714 West Sunset Boulevard Los Angeles, CA 90026	95-4447561	501(C)(3)	16,590		GENERAL SUPPORT
(25) Community Partners 1000 North Alameda Street Suite 24 Los Angeles, CA 90012	95-4302067	501(C)(3)	628,094		GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table					

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

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Schedule I (Form 990) 2021

(f) Description of noncash assistance

Page 2

(1) STUDENT FINANCIAL AID

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

SCHEDULE I

Return Reference

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance

recipients 27307

REFLECTED ON STUDENT ACCOUNTS.

Explanation

(b) Number of

(c) Amount of

cash grant

724,779,425

CONSORTIUM OF CENTRAL LA (ECCLA) ACCOUNTING RECORDS. THE UNIVERSITY OF SOUTHERN CALIFORNIA ADMINISTERS ONE OF THE INATION'S LARGEST FINANCIAL AID PROGRAMS THROUGH ITS FINANCIAL AID OFFICE, AWARDING \$724 MILLION IN AID TO OVER TWO-THIRDS

FINANCIAL ASSISTANCE AND TO BE CONSIDERED FOR FINANCIAL AID. PART II THE UNIVERSITY OF SOUTHERN CALIFORNIA ALSO

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

PART I, LINE 2 USC NEIGHBORHOOD OUTREACH FUNDS ARE DISTRIBUTED THROUGH A COMPETITIVE GRANT MAKING PROCESS. A GRANT REVIEW COMMITTEE COMPRISED OF UNIVERSITY FACULTY, AND STAFF VOLUNTEERS REVIEWS ALL GRANTS, AND PROVIDES FUNDING RECOMMENDATIONS BASED ON A SET OF CRITERIA. ALL FINAL GRANT AWARD DECISIONS ARE MADE BY CIVIC ENGAGEMENT. USC NEIGHBORHOOD OUTREACH MONITORS THE GRANT AWARDS THROUGH AN INTERIM REPORT SIX MONTHS INTO THE PROJECT, AND A FINAL CUMULATIVE REPORT AT THE END OF THE PROJECT. WE CONDUCT AD HOC SITE VISITS TO OBSERVE THE PROGRAM AND REVIEW EDUCATION

(d) Amount of

noncash assistance

N/A

(e) Method of valuation

(book, FMV, appraisal, other)

N/A

OF OUR UNDERGRADUATE STUDENTS. WE WILL MEET THE FULL USC-DETERMINED FINANCIAL NEED OF ALL ADMITTED UNDERGRADUATE STUDENTS WHO MEET ALL FEDERAL, STATE, AND UNIVERSITY ELIGIBILITY REQUIREMENTS AND DEADLINES, STUDENTS AND THEIR PARENTS ARE REQUIRED TO SUBMIT ALL APPLICATIONS AND SUPPORT DOCUMENTS, MEETING ALL DEADLINES, IN ORDER TO MAKE THEIR CLAIM FOR ADMINISTERS SUB-AWARDS FOR RESEARCH TO OTHER ORGANIZATIONS IN CONNECTION WITH RESEARCH GRANTS AWARDED TO THE UNIVERSITY. THE UNIVERSITY OF SOUTHERN CALIFORNIA DOES NOT REPORT THESE SUB-AWARDS AS GRANTS ON FORM 990. SCHEDULE I SINCE THE RECIPIENT ORGANIZATIONS PERFORM RESEARCH SERVICES FOR THE UNIVERSITY. PART III. COLUMN(C) THE CASH GRANT IS Schedule I (Form 990) 2021

**Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Department of the Treasury Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** University of Southern California 95-1642394 **Questions Regarding Compensation** No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 1b Νo Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all Yes directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 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 Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Νo 5a Νo Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? . . . . . 6a Νo Νo

Any related organization? . . . . . . .

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

8

If "Yes," on line 6a or 6b, describe in Part III.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . . . . . .

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

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

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Schedule J (Form 990) 2021

7

Yes

Yes

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 on 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.

NEC other deferred benefits (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Compensation   Comp	Form 990  0  0  0  0  0  0
1	0 0 0
Carolyn Domen-Broshears   Ci   329,066   50,000   31,080   14,500   5,658   430,304	0 0
Secretary of the University  (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0
(ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0
SVP, UNIVERSITY RELATIONS  (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
(ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
SVP & CHIEF COMM. OFFICER  (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
(ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
5Beong-Soo Kim (i) 693,549 300,000 101,341 114,500 4,638 1,214,028	0
SVP & General Courise	0
(ii) 0 0 0 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
6Steven D Shapiro SEE SCHEDULE O FOR TITLE (i) 930,279 0 68,027 859,375 23,719 1,881,400	0
(ii) 0 0 0 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
7James M Staten SVP, Finance & CFO (i) 1,417,162 200,000 839,745 14,500 45,840 2,517,247	500,000
(ii) 0 0 0 0 - 0 0 0	0
8Tracey Vranich SEE SCHEDULE O FOR TITLE (i) 615,165 60,000 66,927 14,500 27,744 784,336	0
(ii) 0 0 0 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
9Felicia A Washington SVP, HUMAN RESOURCES         (i)         601,539         250,000         235,667         114,500         30,126         1,231,832	0
(ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
<b>10</b> David W Wright SVP, ADMINISTRATION (i) 453,871 100,000 91,044 14,500 62,230 721,645	0
(ii) 0 0 0 - 0 0 0	0
11Charles F Zukoski SEE SCHEDULE O FOR TITLE (i) 794,826 50,000 172,897 114,500 33,186 1,165,409	0
(ii) 0 0 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
12Amy Diamond CHIEF INVESTMENT OFFICER (i) 808,917 963,280 69,412 237,500 20,876 2,099,985	0
(ii) 0 0 0 0 0	0
13Geoffrey Garrett Dean, Marshall School of Bus.  (i) 838,851 150,000 155,063 64,500 33,149 1,241,563	0
(ii) 0 0 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
14ROD HANNERS CEO Keck Medicine of USC (i) 944,017 288,844 345,865 52,000 30,517 1,661,243	0
(ii) 0 0 0 0 0	0
15Amber Miller         (i)         492,346         50,000         97,936         14,500         29,277         684,059	0
(ii) 0 0 0 - 0 0 - 0	0
16Narsing Rao MD	0
(ii) 0 0 0 - 0 0 0	0
17Yannis C Yortsos Dean, Viterbi School of Eng.  (i) 439,281 65,000 22,880 14,500 35,231 576,892	0
(ii) 0 0 0 0 0	0
<b>18</b> Andy Enfield Men's Head Basketball Coach (i) 3,198,563 190,000 360,662 14,500 42,664 3,806,389	0
(ii) 0 0 0 - 0 0	0
<b>19</b> Inderbir Singh Gill MD Professor of Urology (i) 2,597,553 0 234,417 14,500 47,762 2,894,232	0
	0
<b>20</b> Charles Helton Head Football Coach (i) 3,259,413 50,000 1,332,887 14,500 30,065 4,686,865	0
(ii) 0 0 0 - 0 0 0	0

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			as deferred on prior Form 990	
21Vaughn Starnes MD CHAIR & DIST PROF SURGERY	(i)	3,096,988	0	282,997	14,500	42,496	3,436,981	0	
	(ii)	0	0	0	0	- 0	- 0	0	
<b>22</b> Louis A Vandermolen MD Professor of Clinical Medicine	(i)	2,460,460	300,000	247,800	32,767	7,564	3,048,591	0	
	(ii)	0	0	0	0	- 0	- 0	0	
23David Brown SEE SCHEDULE O FOR TITLE	(i)	300,198	0	2,682	14,500	43,272	360,652	0	
	(ii)	0	0	0	0	- 0	- 0	0	
24Dani Byrd SEE SCHEDULE O FOR TITLE	(i)	261,183	0	5,000	14,011	41,352	321,546	0	
	(ii)	0	0	0	0	- 0	- 0	0	
25Elizabeth Graddy SEE SCHEDULE O FOR TITLE	(i)	384,683	50,000	37,488	14,500	14,134	500,805	0	
		0	0	0	0	- 0	- 0	0	
26Gareth James SEE SCHEDULE O FOR TITLE	(i)	572,383	7,500	51,148	14,500	4,931	650,462	0	
	(ii)	0	0	0	0	- 0	- 0	0	
27Lisa Mazzocco SEE SCHEDULE O FOR TITLE	(i)	0	0	400,000	0	0	400,000	0	
	(ii)	0	0	0	0	- 0	- 0	0	
28LAURA MOSQUEDA SEE SCHEDULE O FOR TITLE	(i)	855,177	125,000	69,924	14,500	23,698	1,088,299	0	
	(ii)	0	0	0	0	- 0	- 0	0	
29Chrysostomos L Nikias SEE SCHEDULE O FOR TITLE	(i)	610,068	0	662,832	14,500	14,470	1,301,870	0	
	(ii)	0	0	0	0	<b>-</b> 0	- 0	0	
<b>30</b> Glenn Osaki SEE SCHEDULE O FOR TITLE	(i)	334,241	0	572,050	14,010	40,677	960,978	0	
	(ii)	0	0	0	0	<u>-</u> 0	- 0	0	
31Michael Quick SEE SCHEDULE O FOR TITLE	(i)	573,112	0	50,641	14,500	10,644	648,897	0	
	(ii)	0	0	0	0	-	-	0	

Schedule J (Form 990) 2021

#### Part III Supplemental Information

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 FIRST-CLASS TRAVEL: THE UNIVERSITY OF SOUTHERN CALIFORNIA REQUIRES THAT ECONOMY-CLASS (COACH) TRAVEL BE UTILIZED FOR PART I, LINE 1A AND LINE 1B: UNIVERSITY BUSINESS. FIRST AND BUSINESS CLASS AIR TRAVEL IS ONLY ALLOWED WHEN THERE IS ADVANCE WRITTEN APPROVAL, WHEN IT IS NECESSARY FOR MEDICAL REASONS, OR WHEN COACH CLASS IS UNAVAILABLE. THERE IS NO VALUE INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME AS ONLY BUSINESS TRAVEL EXPENSES ARE PAID. THE INDIVIDUALS LISTED IN FORM 990, PART VII WHO FLEW FIRST CLASS DURING CALENDAR YEAR 2021 INCLUDED ONE OFFICER AND ONE KEY EMPLOYEE. TAX GROSS-UP PAYMENTS: DURING CALENDAR YEAR 2021 ONE OFFICER AND ONE HIGHEST COMPENSATED EMPLOYEE RECEIVED TAX GROSS-UP PAYMENTS. THE PAYMENTS ARE REPORTED ON FORM W-2 AS TAXABLE COMPENSATION AND ARE REPORTED ON SCHEDULE J, PART II, COLUMN (B) (III). HOUSING ALLOWANCE: ONE KEY EMPLOYEE RECEIVED A HOUSING ALLOWANCE DURING CALENDAR YEAR 2021 WHICH WAS PROVIDED FOR IN THAT KEY EMPLOYEE'S EMPLOYMENT CONTRACT AND WAS INCLUDED IN TAXABLE COMPENSATION ON FORM W-2. SUCH AMOUNT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). RESIDENCE FOR PERSONAL USE: ONE OFFICER HAD USE OF A UNIVERSITY OWNED CONDOMINIUM DURING CALENDAR YEAR 2021 WHICH WAS PROVIDED FOR IN THAT OFFICER'S EMPLOYMENT CONTRACT AND THE IMPUTED VALUE WAS INCLUDED IN TAXABLE COMPENSATION ON FORM W-2. SUCH AMOUNT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). AS THE UNIVERSITY DOES NOT HAVE ON-CAMPUS HOUSING AVAILABLE FOR THE PRESIDENT'S USE BUT REQUIRES THE PRESIDENT TO LÍVE IN A PRESIDENTIAL HOME AS A CONDITION OF EMPLOYMENT, THE PRESIDENT (DR. FOLT) WAS PROVIDED WITH OFF CAMPUS HOUSING PURSUANT TO HER EMPLOYMENT AGREEMENT. BECAUSE THE PROVISION OF OFF-CAMPUS HOUSING IS TAXABLE, THE BOARD DETERMINED IT WAS APPROPRIATE TO GROSS UP THE HOUSING BENEFIT. THE GROSSED UP BENEFIT WAS NOT DIRECTLY PROVIDED TO THE PRESIDENT AS CASH COMPENSATION BUT WAS INSTEAD REPORTED ON FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: PAYMENT TO OR REIMBURSEMENT FOR AN INDIVIDUAL'S MEMBERSHIP IN, OR DUES TO, A PRIVATE CLUB FOR BUSINESS PURPOSES IS MADE AVAILABLE IN CERTAIN EMPLOYMENT CONTRACTS OR IS OTHERWISE APPROVED BY THE APPLICABLE SENIOR VICE PRESIDENT OR THE PRESIDENT. THE VALUE OF MEMBERSHIPS PROVIDED FOR BUSINESS PURPOSES IS NOT INCLUDED IN AN INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME. ANY PERSONAL USE OF THESE MEMBERSHIPS IS PAID FOR BY THE INDIVIDUAL. THE INDIVIDUALS LISTED IN FORM 990, PART VII WHO WERE PROVIDED WITH MEMBERSHIP IN, OR DUES TO, A PRIVATE CLUB DURING CALENDAR YEAR 2021 INCLUDED SEVEN OFFICERS, TWO KEY EMPLOYEES, ONE HIGHEST COMPENSATED EMPLOYEE, AND ONE FORMER OFFICER. PERSONAL SERVICES: CERTAIN INDIVIDUALS RECEIVED PERSONAL SERVICES, INCLUDING FINANCIAL PLANNING. SUCH SERVICES ARE MADE AVAILABLE IN EMPLOYMENT CONTRACTS AND THE VALUE OF THE SERVICES, IF USED, WAS INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). THE LISTED INDIVIDUALS WHO RECEIVED SUCH BENEFIT DURING CALENDAR YEAR 2021 INCLUDED FOUR OFFICERS, TWO HIGHEST COMPENSATED EMPLOYEES, AND ONE FORMER OFFICER. THE PRESIDENT RECEIVED HOUSE MANAGEMENT SERVICES PURSUANT TO HER CONTRACT. THE VALUE OF THE SERVICES WAS REPORTED ON FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN B(III). ONE OFFICER AND ONE FORMER OFFICER RECEIVED THE SERVICES OF A CAR AND DRIVER. SUCH SERVICES WERE APPROVED AS PART OF THE OFFICER AND FORMER OFFICER'S EMPLOYMENT CONTRACTS, AND THE VALUES OF TAXABLE SERVICES WERE INCLUDED IN THE OFFICER AND FORMER OFFICER'S FORM W-2 AS TAXABLE INCOME AND ARE REPORTED ON SCHEDULE J, PART II, COLUMN LISA MAZZOCCO, IN CONNECTION WITH HER RESIGNATION OF HER POSITION AND SEPARATION FROM THE UNIVERSITY, WAS ENTITLED TO PART I, LINE 4A: TWO \$400,000 LUMP SUM PAYMENTS, THE FIRST OF WHICH WAS PAID DURING CALENDAR YEAR 2020 AND THE SECOND OF WHICH WAS PAID DURING CALENDAR YEAR 2021. THIS SECOND PAYMENT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). CHARLES HELTON, IN CONNECTION WITH HIS RESIGNATION OF HIS POSITION AND SEPARATION FROM THE UNIVERSITY, WAS ENTITLED TO SEPARATION PAYMENTS. SEPARATION PAYMENTS INCLUDED A SERIES OF MONTHLY PAYMENTS WHICH TOTALED \$565,186 DURING CALENDAR YEAR 2021, AND ONE LUMP SUM PAYMENT OF \$340,926. THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) CAROL FOLT: DURING THE CALENDAR YEAR THE PRESIDENT PARTICIPATED IN TWO RETENTION PROGRAMS. UNDER THE FIRST PLAN, A PART I, LINE 4B: PAYMENT OF \$2,000,000 (ACCRUING AT \$666,667 PER FISCAL YEAR, PLUS INTEREST, BEGINNING ON JULY 1, 2021, SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE) IS SCHEDULED TO VEST AND BE PAYABLE IN 2024. A RATABLE ACCRUAL OF \$333,334 FROM CALENDAR YEAR 2021 IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). UNDER THE SECOND PLAN, 10% OF THE PRESIDENT'S COMBINED BASE SALARY AND BONUS LESS THE PRESIDENT'S SECTION 401(A) CONTRIBUTION FOR THE YEAR IS DEFERRED SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND SCHEDULED TO VEST (PLUS INTEREST) AND BE PAYABLE IN 2024. THE PLAN WAS EFFECTIVE STARTING IN DECEMBER 2021. A RATABLE ACCRUAL OF \$68,282 FROM THE CALENDAR YEAR IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). JAMES M. STATEN: DURING CALENDAR YEAR 2021, SENIOR VICE PRESIDENT, FINANCE AND CFO, PARTICIPATED IN A RETENTION PROGRAM. A PAYMENT IN THE TOTAL AMOUNT OF \$500,000 (ACCRUED AT \$100,000 PER YEAR) VESTED AND WAS PAYABLE IN CALENDAR YEAR 2021 AND HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). THIS PLAN WAS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. CHARLES ZUKOSKI: DURING CALENDAR YEAR 2021, PROVOST AND SENIOR VICE PRESIDENT, ACADEMIC AFFAIRS, PARTICIPATED IN A RETENTION PROGRAM. A PAYMENT OF \$500,000 (ACCRUING AT \$100,000 PER YEAR) IS SCHEDULED TO VEST AND BE PAYABLE IN 2024 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. AN ACCRUAL OF \$100,000 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). AS CHARLES ZUKOSKI STEPPED DOWN FROM HIS OFFICER POSITION AT THE UNIVERSITY ON JANUARY 1, 2023, HE WILL NOT RECEIVE A CALENDAR YEAR 2023 ACCRUAL OR A 2024 PAYMENT UNDER THIS RETENTION PROGRAM. BEONG-SOO KIM: DURING CALENDAR YEAR 2021, SENIOR VICE PRESIDENT & GENERAL COUNSEL, PARTICIPATED IN A RETENTION PROGRAM. A PAYMENT OF \$1,000,000 (ACCRUING AT \$100,000 PER YEAR) IS SCHEDULED TO VEST AND BE PAYABLE IN 2030 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. AN ACCRUAL OF \$100,000 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). FELICIA A. WASHINGTON: DURING CALENDAR YEAR 2021, SVP, HUMAN RESOURCES, PARTICIPATED IN A RETENTION PROGRAM. A PAYMENT OF \$200,000 (ACCRUING AT \$100,000 PER YEAR) IS SCHEDULED TO VEST AND BE PAYABLE IN 2022 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. AN ACCRUAL OF \$100,000 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). GEOFFREY GARRETT: UNDER HIS EMPLOYMENT AGREEMENT, DEAN, MARSHALL SCHOOL OF BUSINESS, WAS ENTITLED TO A BONUS IN A GUARANTEED AMOUNT OF \$150,000 DURING CALENDAR YEAR 2021 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AND WILL RECEIVE ANOTHER BONUS IN A GUARANTEED AMOUNT OF \$150,000 IN CALENDAR YEAR 2022 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THE 2021 PAYMENT AMOUNT HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(II). FOR THE 2022 PAYMENT, A RATABLE ACCRUAL OF \$50,000 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). STEVEN D. SHAPIRO: UNDER HIS EMPLOYMENT AGREEMENT, THE SENIOR VICE PRESIDENT OF HEALTH AFFAIRS WILL RECEIVE TWO BONUSES IN GUARANTEED AMOUNTS. A PAYMENT OF \$1,000,000 IS SCHEDULED TO VEST AND BE PAYABLE IN JUNE 2022. ANOTHER PAYMENT OF AT LEAST \$750,000 IS SCHEDULED TO VEST AND BE PAYABLE IN JUNE 2023. THE BONUSES ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. A RATABLE ACCRUAL OF \$859,375 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). ROD HANNERS: DURING CALENDAR YEAR 2021, CEO OF KECK MEDICINE OF USC, PARTICIPATED IN A RETENTION PROGRAM. A PAYMENT OF \$250,000 VESTED IN DECEMBER 2021 AND IS SCHEDULED TO BE PAID IN FEBRUARY 2022. ANOTHER PAYMENT OF \$250,000 IS SCHEDULED TO VEST IN DECEMBER 2022 AND BE PAYABLE IN JANUARY 2023. THE RETENTION AWARDS ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. A RATABLE ACCRUAL OF \$37,500 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). AMY DIAMOND: UNDER HER BUPLOYMENT AGREEMENT, THE CHIEF INVESTMENT OFFICER WAS ENTITLED TO A BONUS IN A GUARANTEED AMOUNT OF \$672,917 DURING CALENDAR YEAR 2021 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AND WILL RECEIVE ANOTHER BONUS IN A GUARANTEED AMOUNT OF AT LEAST \$475,000 IN CALENDAR YEAR 2022 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THE 2021 PAYMENT HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(II). FOR THE 2022 PAYMENT, A RATABLE ACCRUAL OF \$237,500 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). THE CHIEF INVESTMENT OFFICER IS ELIGIBLE TO RECEIVE AN ANNUAL AWARD DETERMINED BY PERFORMANCE AGAINST PRE-DESIGNATED TARGET BENCHMARKS. FIFTY PERCENT OF EACH ANNUAL INCENTIVE AWARD IS DEFERRED AND PAID AT THE END OF A TWO-YEAR DEFERRAL PERIOD AND IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THE PLAN IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE. THERE WERE NO ACCRUALS DURING CALENDAR YEAR 2021. LOUIS VANDERMOLEN: DURING CALENDAR YEAR 2021, PROFESSOR OF CLINICAL MEDICINE, PARTICIPATED IN A RETENTION PROGRAM. A TOTAL OF \$500,000 IS SCHEDULED TO VEST AND BE PAYABLE AT \$100,000 PER YEAR FOR FIVE YEARS STARTING IN 2022 AND IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. FOR CALENDAR YEAR 2021, A RATABLE ACCRUAL OF \$18,267 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). OTHER: IN 1994 USC CREATED A 457(F) SUPPLEMENTAL RETIREMENT PLAN TO PROVIDE MAKE-UP BENEFITS TO EMPLOYEES WHOSE COMPENSATION EXCEEDED THE EARNINGS LIMITATION FOR CONTRIBUTIONS TO THE USC DEFINED CONTRIBUTION RETIREMENT PLAN. AS OF JANUARY 1, 2005, THE PLAN WAS FROZEN AND PARTICIPANTS, WITH RESPECT TO FUTURE MAKE-UP BENEFITS, WERE NO LONGER PERMITTED TO DEFER THESE BENEFITS. PART I, LINE 7: CERTAIN INDIVIDUALS LISTED IN SCHEDULE J, PART II RECEIVED A MERIT BASED BONUS AND THE AMOUNT OF SUCH BONUSES ARE SHOWN ON SCHEDULE J, PART II, COLUMN (B)(II). SEE ALSO LINE 4B DISCLOSURE FOR AMY DIAMOND. PART I, LINE 8: THE CHIEF INVESTMENT OFFICER IS SERVING UNDER HER INITIAL CONTRACT WITH THE UNIVERSITY



#### Schedule L (Form 990)

#### Transactions with Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** University of Southern California 95-1642394 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person (c) Description of (d) and organization transaction Corrected? Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (c) Purpose (d) Loan to (e) Original (f) Balance due (g) In (h) (i) Written interested person with organization of loan or from the principal default? Approved agreement? organization? by board or amount committee? То From Yes No Yes No Yes No 250,000 500,000 (1) AMBER MILLER EMPLOYEE HOUSING Х Yes Yes Nο LOAN HOUSING 500,000 424,646 (2) AMBER MILLER EMPLOYEE Х Nο Yes Yes LOAN 3,000,000 1,500,000 HOUSING (3) CL NIKIAS EMPLOYEE Χ Yes Nο Yes LOAN 219.68 (4) TRACEY **EMPLOYEE** HOUSING 250,000 Χ Νo Yes Yes VRANICH LOAN 183,336 250,000 (5) TRACEY **EMPLOYEE** HOUSING Χ Νo Yes Yes VRANICH LOAN 1,000,000 1,000,000 (6) AMY DIAMOND EMPLOYEE HOUSING Χ Νo Yes Yes LOAN 1,000,000 800,000 (7) CHARLES **EMPLOYEE** HOUSING Χ Νo Yes Yes ZUKOSKI LOAN 750,000 675,000 (8) GEOFFREY **EMPLOYEE** HOUSING Χ Νo Yes Yes **GARRETT** LOAN (9) KYLE HENLEY EMPLOYEE HOUSING 500,000 486,67 Yes Χ Nο Yes LOAN 500,000 500,000 (10) KYLE HENLEY EMPLOYEE HOUSING Χ Yes Nο Yes LOAN 1.500.000 1.466.232 (11) STEVE **EMPLOYEE** HOUSING Χ Nο Yes Yes SHAPIRO LOAN (12) STEVE 1,500,000 1,500,000 HOUSING Yes **EMPLOYEE** Χ Nο Yes SHAPIRO LOAN 1,500,000 1,484,728 (13) FELICIA HOUSING Yes **EMPLOYEE** Χ Nο Yes WASHINGTON LOAN (14) FELICIA **EMPLOYEE** HOUSING 1,220,000 1.220.000 Χ Nο Yes Yes WASHINGTON LOAN Total 11,710,304 Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance

person	interested person and the organization		

Cat. No. 50056A

Schedule L (Form 990) 2021

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

Page 2

No

Νo

(e) Sharing of

organization's

revenues?

. 5
DAUGHTER OFFE

(a) Name of interested person

organization	
GHTER OF MER OFFICER	

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

(b) Relationship

between interested

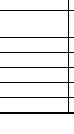
person and the

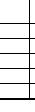
(c) Amount of

transaction

173,148 USC EMPLOYEE

(d) Description of transaction





Yes

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

**Return Reference Explanation**  (Form 990)

**SCHEDULE M** 

Department of the Treasury

#### **Noncash Contributions**

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶Go to www.irs.gov/Form990 for the latest information.

2021

OMB No. 1545-0047

Open to Public Inspection

nterna	Il Revenue Service						ueb	90110	
	e of the organization ersity of Southern California				Employ	yer identificati	on nu	mber	
JIIIVE	ersity of Southern Camornia				95-16	42394			
Pā	rt I Types of Property			·		-			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lin		<b>(d</b> Method of d oncash contrib	eterm	_	nts
1	Art—Works of art	Х	1	14,50	0 APPR	RAISED VALU	E		
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
	Securities—Publicly traded .	Х	255	28,047,33	4 HIGH	I-LOW AVERA	\GE		
10	Securities—Closely held stock								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
	Taxidermy								
	Historical artifacts				_				
	Scientific specimens				_				
24	Archeological artifacts		_						
25	Other (EQUIPMENT	Х	3	144,59	3 FM V				
	Other • ( )				+				
	Other • ()				+				
	Other ▶ ( )				+				
		the ergani	zation during the tay year	for contributions	+ 1				
29	Number of Forms 8283 received by for which the organization complete				29	L		Vac	,
302	During the year, did the organizat	ion receive	hy contribution any proper	ty reported in Part I lines	: 1 thro	uugh 28 that		Yes	No
_ 50	it must hold for at least three yea								
	exempt purposes for the entire ho	olding period	1?	,			20-		N.
1.	If "Voc." describe the arrangemen						30a		No
	If "Yes," describe the arrangemen								
31	Does the organization have a gift	acceptance	policy that requires the re	view of any nonstandard	contrib	utions?	31	Yes	

**b** If "Yes," describe in Part II.

describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

32a

Yes

Schedule M (Form 990) (2021)	Page 2				
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
Return Reference	Explanation				
, , ,	THE ORGANIZATION IS REPORTING: THE NUMBER OF ITEMS RECEIVED FOR LINE 1, ART - WORKS OF ART; THE NUMBER OF DONATIONS RECEIVED FOR LINE 9, SECURITIES - PUBLICLY TRADED; AND THE NUMBER OF ITEMS RECEIVED FOR LINE 25, EQUIPMENT.				
	THE UNIVERSITY OF SOUTHERN CALIFORNIA UTILIZES BROKERAGE FIRMS TO SELL NON-CASH CONTRIBUTIONS THAT THE UNIVERSITY RECEIVES AS GIFTS AND THE PROCEEDS ARE REMITTED BACK TO THE UNIVERSITY.				
	Schedule M (Form 990) (2021)				

## **SCHEDULE 0**

(Form 990)

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 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

Name of the organization University of Southern California Employer identification number 95-1642394

	95-1642394
Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1:	THE CENTRAL MISSION OF THE UNIVERSITY OF SOUTHERN CALIFORNIA IS THE DEVELOPMENT OF HUMAN BEINGS AND SOCIETY AS A WHOLE THROUGH THE CULTIVATION AND ENRICHMENT OF THE HUMAN MIND AND SPIRIT. THE PRINCIPAL MEANS BY WHICH OUR MISSION IS ACCOMPLISHED ARE TEACHING, RESEARCH, ARTISTIC CREATION, PROFESSIONAL PRACTICE, AND SELECTED FORMS OF PUBLIC SERVICE. OUR FIRST PRIORITY AS FACULTY AND STAFF IS THE EDUCATION OF OUR STUDENTS, FROM FRESHMEN TO POSTDOCTORALS, THROUGH A BROAD ARRAY OF ACADEMIC, PROFESSIONAL, EXTRACURRICULAR, AND ATHLETIC PROGRAMS OF THE FIRST RANK. THE INTEGRATION OF LIBERAL AND PROFESSIONAL, EXTRACURRICULAR, AND ATHLETIC PROGRAMS OF THE FIRST RANK. THE INTEGRATION OF LIBERAL AND PROFESSIONAL LEARNING IS ONE OF USCS SPECIAL STRENGTHS. WE STRIVE CONSTANTLY FOR EXCELLENCE IN TEACHING KNOWLEDGE AND SKILLS TO OUR STUDENTS, WHILE AT THE SAME TIME HELPING THEM TO ACQUIRE WISDOM AND INSIGHT, LOVE OF TRUTH AND BEAUTY, MORAL DISCERNMENT, UNDERSTANDING OF SELF, AND RESPECT AND APPRECIATION FOR OTHERS.  RESEARCH OF THE HIGHEST QUALITY BY OUR FACULTY AND STUDENTS IS FUNDAMENTAL TO OUR MISSION. USC IS ONE OF A VERY SMALL NUMBER OF PREMIER ACADEMIC INSTITUTIONS TUDENTS IS FUNDAMENTAL TO OUR MISSION. USC IS ONE OF A VERY SMALL NUMBER OF PREMIER ACADEMIC INSTITUTIONS TO WHAT IS TAUGHT, THOUGHT, AND PRACTICED THROUGHOUT THE WORKS OF OTHERS, BUT ACTIVE CONTRIBUTORS TO WHAT IS TAUGHT, THOUGHT, AND PRACTICED THROUGHOUT THE WORKS OF OTHERS, BUT ACTIVE CONTRIBUTORS TO WHAT IS TAUGHT, THOUGHT, AND PRACTICED THROUGHOUT THE WORLD. USC IS PLURALISTIC, WELCOMINIG OUTSTANDING MEN AND WOMEN OF EVERY RACE, CREED, AND BACKGROUND. WE ARE A GLOBAL INSTITUTION IN A GLOBAL CENTER, ATTRACTING MORE INTERNATIONAL STUDENTS OVER THE YEARS THAN ANY OTHER AMERICAN UNIVERSITY. AND WE ARE PRIVATE, UNFETTERED BY POLITICAL CONTROL, STRONGLY COMMITTED TO ACADEMIC FREEDOM, AND PROUD OF OUR ENTREPRENEURIAL HERITAGE. AN EXTRAORDINARY CLOSENESS AND WILLINGNESS TO HELP ONE ANOTHER ARE EXIDENT AMONG USC STUDENTS, ALUMINI, FACULTY, AND STAFF; INDEED, FOR TH
FORM 990, PART I, LINE 6:	THE UNIVERSITY OF SOUTHERN CALIFORNIA HAS MANY VOLUNTEERS INCLUDING TRUSTEES, BUT DOES NOT FORMALLY TRACK THIS POPULATION.
FORM 990, PART IV, LINE 20A:	AS OF JANUARY 1, 2021, THE UNIVERSITY TRANSFERRED HOSPITAL OPERATIONS TO CONTROLLED AFFILIATES, WHICH ARE SEPARATE 501(C)(3) ORGANIZATIONS FORMED FOR THE PURPOSE OF OPERATING THE HOSPITALS, WHICH WERE PREVIOUSLY OPERATED AS DIVISIONS OF THE UNIVERSITY. EFFECTIVE WITH TRANSFER OF THE HOSPITAL LICENSES FROM THE UNIVERSITY: -KECK MEDICAL CENTER OF USC OPERATES BOTH KECK HOSPITAL AND NORRIS HOSPITAL, AND -USC VERDUGO HILLS HOSPITAL OPERATES VERDUGO HILLS HOSPITAL. AS THE HOSPITAL LICENSES WERE NOT HELD BY THE UNIVERSITY FOR ANY PORTION OF THE YEAR ENDED JUNE 30, 2022, THE FINANCIAL ACTIVITIES OF THE HOSPITALS MENTIONED ABOVE ARE NO LONGER REFLECTED IN USC'S FORM 990 AND THE UNIVERSITY IS NO LONGER REQUIRED TO FILE SCHEDULE H.
FORM 990, PART VI, LINE 1:	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS CHAIRED BY THE CHAIRMAN OF THE BOARD AND CONSISTS OF NO LESS THAN SEVEN AND NO MORE THAN TWENTY-FIVE VOTING MEMBERS OF THE BOARD. THE COMMITTEE IS ELECTED EACH YEAR BY THE BOARD OF TRUSTEES. WHEN THE BOARD IS NOT IN SESSION, THE EXECUTIVE COMMITTEE HAS ALL OF THE POWER AND AUTHORITY OF THE BOARD, EXCEPT THAT THE EXECUTIVE COMMITTEE IS NOT EMPOWERED TO: (I) FILL VACANCIES ON THE BOARD OR ON ANY COMMITTEE THAT HAS THE AUTHORITY OF THE BOARD; (II) FIX THE COMPENSATION OF THE BOARD MEMBERS FOR THEIR SERVICE AS MEMBERS OF THE BOARD OR ANY COMMITTEE; (III) AMEND OR REPEAL THE UNIVERSITY'S BYLAWS OR ADOPT NEW BYLAWS; (IV) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD WHICH BY ITS EXPRESS TERMS CANNOT BE SO AMENDED OR REPEALED; (V) APPOINT COMMITTEES OF THE BOARD OR THE MEMBERS THEREOF; (VI) AUTHORIZE THE EXPENDITURE OF CORPORATE FUNDS TO SUPPORT A NOMINEE FOR BOARD MEMBERSHIP AFTER THERE ARE MORE PEOPLE NOMINATED FOR BOARD MEMBERSHIP THAN CAN BE ELECTED; OR (VII) APPROVE ANY SELF-DEALING TRANSACTION EXCEPT AS PROVIDED BY LAW.
FORM 990, PART VI, LINE 2:	OFFICERS, TRUSTEES AND KEY EMPLOYEES SIT ON THE BOARD OF THE MAY DEWRIGHT TRUST: JAMES M. STATEN NARSING RAO SUZANNE NORA JOHNSON RICK J. CARUSO USC TRUSTEE ROBERT A. BRADWAY AND USC TRUSTEE RONALD D. SUGAR HAVE A BUSINESS RELATIONSHIP. USC TRUSTEE MARC R. BENIOFF AND USC TRUSTEE OSCAR MUNOZ HAVE A BUSINESS RELATIONSHIP. USC TRUSTEE STANELY P. GOLD AND USC TRUSTEE JEFFREY H. SMULYAN HAVE A BUSINESS RELATIONSHIP.
FORM 990, PART VI, LINE 4:	ON DECEMBER 8, 2021, THE ORGANIZATION'S BYLAWS WERE AMENDED TO ADD THE COMPENSATION COMMITTEE AS ONE OF THE ORGANIZATION'S TEN STANDING COMMITTEES OF THE BOARD. SEE PART VI LINE 15 FOR FURTHER DETAIL REGARDING THE POWERS AND DUTIES OF THE COMPENSATION COMMITTEE. ON JUNE 16, 2022, THE ORGANIZATION'S BYLAWS WERE AMENDED TO (I) CHANGE THE EFFECTIVE DATE OF TRUSTEE TERM AND AGE LIMITS AND (II) PROVIDE THAT THE ACADEMIC OFFICERS WHO WERE PREVIOUSLY SUBJECT TO THE IMMEDIATE DIRECTION OF ONLY THE PROVOST AND SENIOR VICE PRESIDENT, ACADEMIC AFFAIRS MAY ALSO OR INSTEAD BE SUBJECT TO IMMEDIATE DIRECTION OF THE SENIOR

VICE PRESIDENT, HEALTH AFFAIRS AND (III) TO PROVIDE THAT THE SVP, HEALTH AFFAIRS WOULD ATTEND MEETINGS OF THE

ACADEMIC AFFAIRS COMMITTEE AND THE STUDENT AFFAIRS COMMITTEE.

Return Reference	Explanation
FORM 990, PART VI, LINE 11(B):	THE UNIVERSITY OF SOUTHERN CALIFORNIA'S FORM 990 IS REVIEWED AT SEVERAL LEVELS. THE UNIVERSITY ENGAGES AN EXTERNAL PUBLIC ACCOUNTING FIRM TO ASSIST IN THE PREPARATION AND REVIEW OF ITS FORM 990 AND TO SIGN AS PAID PREPARER. AMONG THOSE WHO CONDUCT THE REVIEW OF THE FINAL FORM 990 AT THE UNIVERSITY INCLUDE MANAGEMENT, EXTERNAL COUNSEL, AND THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES. THE REVIEW OF FORM 990 IS CONDUCTED PRIOR TO IT BEING FILED AND A FINAL COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES BEFORE IT IS FILED.
FORM 990, PART VI, LINE 12:	THE UNIVERSITY HAS A CONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS PRACTICES POLICY AND PROCEDURE WHICH COMERS ALL COVERED EMPLOYEES AND THEIR CLOSE RELATIONS A "COVERED EMPLOYEE" MEANS ALL FACULTY MEMBERS INCLUDING PART-TIME AND VISITINGS FACULTY, STAFF AND OTHER EMPLOYEES (SUCH AS POSTDOCTORAL PRACTICITY). THE COVERED EMPLOYEES SUCH AS POSTDOCTORAL PRACTICITY AND AND STUDENTS INVOLUTIONS. AND STUDENTS INVOLUTIONS OF THE PROPERTY OF THE CONTROL OF THE PROPERTY SHAPE OF THE CONTROL OF THE PROPERTY SHAPE OF THE CONTROL OF THE PROPERTY SHAPE OF THE CONTROL OF THE PROPERTY AND AND STUDENTS INVOLUTIONS. AND WHILE CONSULTING THE PROPERTY AND AND SHAPE CONTROL OF THE PROPERTY OF THE PROPERTY AND AND SHAPE CONTROL OF THE PROPERTY OF THE PROPERTY AND AND SHAPE CONTROL OF THE PROPERTY OF THE PROPER
FORM 990,	DISINTERESTED TRUSTEE. THIS POLICY HAS BEEN APPROVED BY THE BOARD.  THE COMPENSATION OF THE UNIVERSITY'S PRESIDENT, OFFICERS AND KEY EMPLOYEES IS DETERMINED ANNUALLY USING

Return Reference	Explanation
PART VI, LINE 15:	THE SAFE HARBOR PROCESS DESCRIBED IN TREASURY REGULATION SECTION 53.4958-6. NAMELY, A COMMITTEE OF THE UNIVERSITY'S BOARD OF TRUSTEES TAKES THE FOLLOWING THREE STEPS: (1) IT ENSURES THAT NO MEMBER OF THE COMMITTEE HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT BEING REVIEWED, (2) IT LOOKS TO COMPARABILITY DATA AND SPECIALIZED COMPENSATION REPORTS (AND IN SOME CASES OPINIONS) PREPARED FOR THE UNIVERSITY BY INDEPENDENT COMPENSATION CONSULTANTS WITH RESPECT TO SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED UNIVERSITIES, AND (3) IT MAINTAINS A CONTEMPORANEOUS RECORD OF ITS DELIBERATIONS AND DECISIONS.
FORM 990, PART VI, LINE 19:	THE UNIVERSITY MAKES ITS BYLAWS, FINANCIAL STATEMENTS/ANNUAL REPORT, CONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS PRACTICES, AND CONFLICT OF INTEREST IN RESEARCH POLICIES AVAILABLE TO THE GENERAL PUBLIC ON THE ORGANIZATION'S WEBSITE.
FORM 990, PART VII, SECTION A:	THE 2 HOURS NOTED FOR EACH TRUSTEE REPRESENTS A STANDARD ESTIMATE OF HOURS DEVOTED TO SERVING AS TRUSTEE. THE TITLE FOR STEVEN D. SHAPIRO IS SENIOR VICE PRESIDENT, HEALTH AFFAIRS; AND INTERIM DEAN, KECK SCHOOL OF MEDICINE OF USC (AS OF 7/1/2021). THE TITLE FOR CHRYSOSTOMOS L. NIKIAS IS FORMER PRESIDENT (UNTIL 8/7/18) AND PROFESSOR OF ENGINEERING AND CLASSICS. THE TITLE FOR CHARLES F. ZUKOSKI IS PROVOST AND SENIOR VICE PRESIDENT, ACADEMIC AFFAIRS. THE TITLE FOR LAURA MOSQUEDA IS FORMER DEAN, KECK SCHOOL OF MEDICINE OF USC (UNTIL 9/15/2020); AND PROFESSOR OF FAMILY MEDICINE AND GERIATRICS, KECK SCHOOL OF MEDICINE OF USC (UNTIL 9/15/2020). THE TITLE FOR GLENN OSAKI IS FORMER SENIOR VICE PRESIDENT AND CHIEF COMMUNICATIONS OFFICER (UNTIL 3/14/21) AND SENIOR ADVISOR, INTERNATIONAL MARKETING AND COMMUNICATIONS (AS OF 3/15/21). THE TITLE FOR TRACEY VRANICH IS INTERIM SENIOR VICE PRESIDENT, UNIVERSITY ADVANCEMENT. THE TITLE FOR AMBER MILLER IS DEAN, USC DORNSIFE COLLEGE OF LETTERS, ARTS AND SCIENCES. THE TITLE FOR GARETH JAMES IS FORMER INTERIM DEAN, USC MARSHALL SCHOOL OF BUSINESS (AS OF 7/1/19 UNTIL 6/30/20). THE TITLE FOR MICHAEL QUICK IS FORMER PROVOST & SENIOR VICE PRESIDENT, ACADEMIC AFFAIRS (UNTIL 6/30/19). THE TITLE FOR ELIZABETH GRADDY IS FORMER INTERIM PROVOST AND SVP, ACADEMIC AFFAIRS (AS OF 7/1/19 UNTIL 9/30/19). THE TITLE FOR LIZABETH GRADDY IS FORMER CHIEF INVESTMENT OFFICER (UNTIL 10/14/20) AND FORMER SPECIAL ADVISOR TO THE PRESIDENT (AS OF 10/15/20 UNTIL 12/31/20). THE TITLE FOR DAVID BROWN IS FORMER INTERIM SENIOR VICE PRESIDENT, UNIVERSITY RELATIONS (UNTIL 2/10/20). THE TITLE FOR DAVID BROWN IS FORMER INTERIM SENIOR VICE PRESIDENT, UNIVERSITY RELATIONS (UNTIL 2/10/20). THE TITLE FOR DAVID BROWN IS FORMER INTERIM DEAN, USC DORNSIFE COLLEGE OF LETTERS, ARTS, AND SCIENCES (UNTIL 8/15/16).
FORM 990, PART XI, LINE 9:	ADJUSTMENT FOR FINANCIAL STATEMENT REVISIONS: (\$132,389,384) PRESENT VALUE ADJUSTMENT TO TRUST LIABILITY: \$869,988 TOTAL (\$131,519,396)

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

Cat. No. 51056K

Schedule O (Form 990) 2021

# **SCHEDULE R** (Form 990)

Name of the organization University of Southern California

LOS ANGELES, CA 90089

**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.

▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

**Employer identification number** 

95-1642394

Part I Identification of Disregarded Entities. C	complete if the organization	answered "Yes" on F	orm 990, Part I	V, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) USC GATEWAY LLC UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 90089 20-2108058	PROPERTY MGMT	CA	0	0 (	JSC		
(2) USC VERDUGO HILLS HOSPITAL LLC UNIVERSITY GARDENS - UGB205 LOS ANGELES, CA 90089 80-0912056	ACUTE CARE	CA	0	0 (	JSC		
Part II Identification of Related Tax-Exempt Organizations duri	ng the tax year.						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	Public charity state (if section 501(c)(3		Se 51 ( cont en	(g) ection 12(b) (13) etrolled
(1)AE MANN INSTIT FOR BIOMEDICAL ENGINEER	BIOMEDICAL	DE	501(C)(3)	12C	NA NA	Yes	No No
c/o USC UGB203 LOS ANGELES, CA 90089 95-4684347							
(2)ICT PRODUCTIONS INC C/O USC UGB203	EDUC. MEDIA	CA	501(C)(3)	12A	USC	Yes	i
LOS ANGELES, CA 90089 95-4843260							
(3)LORD FOUNDATION OF CALIFORNIA C/O USC UGB203	USC SUPPORT	CA	501(C)(3)	12A	USC	Yes	i
LOS ANGELES, CA 90089 95-3168340							
(4)DAVID X MARKS FOUNDATION C/O USC UGB203	USC SUPPORT	CA	501(C)(3)	12A	USC	Yes	
LOS ANGELES, CA 90089 95-6034304							
(5)USC CARE MEDICAL GROUP INC 1510 SAN PABLO ST SUITE 649	MANAGED CARE	CA	501(C)(3)	10	USC HEALTH	Yes	
LOS ANGELES, CA 90033 95-4540991							
(6)SURVIVORS OF SHOAH VISUAL HISTORY FDN C/O USC 650 W 35TH ST	EDUC. MEDIA	CA	501(C)(3)	7	USC	Yes	
LOS ANGELES, CA 90089 95-4474965							
(7)PACIFIC-12 CONFERENCE 1350 TREAT BOULEVARD	USC SUPPORT	CA	501(C)(3)	12A	NA		No
WALNUT CREEK, CA 94597 94-1459048							
(8)THE ASC TRUST AT USC C/O R FOX 1500 MARKET STREET	USC SUPPORT	PA	501(C)(3)	12D	NA		No
PHILADELPHIA, PA 19102 77-6216147							
(9)USC VERDUGO HILLS HOSPITAL FOUNDATION 1812 VERDUGO BLVD	USC SUPPORT	CA	501(C)(3)	12A	VHH	Yes	:
GLENDALE, CA 91208 95-3247823							
(10)NAT'L HLTHCRE RESEARCH & EDUC FINANCE CO 1445 ROSS AVENUE STE 3800	USC SUPPORT	TX	501(C)(3)	12C	NA		No
DALIAS, TX 75202 31-1707979							
(11)ALBEDO INSURANCE COMPANY IC UNIVERSITY GARDENS UGB203	USC SUPPORT	VT	501(C)(3)	12A	USC	Yes	,

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Sec 512 (1 cont	(g) ection 12(b) 13) trolled tity?
						Yes	No
85-1454978						$\bot$	<u> </u>
(12)USC CAPTIVE INSURANCE COMPANY UNIVERSITY GARDENS UGB203	USC SUPPORT	VT	501(C)(3)	12A	USC	Yes	
LOS ANGELES, CA 90089 85-1454519							
(13)GENERAL LIABILITY DEFENSE IC UNIVERSITY GARDENS UGB203	USC SUPPORT	VT	501(C)(3)	12A	USC	Yes	
LOS ANGELES, CA 90089 85-1472543							
(14)USC HEALTH SYSTEM 1510 SAN PABLO STREET	USC SUPPORT	CA	501(C)(3)	12A	USC	Yes	
LOS ANGELES, CA 90089 85-0666499							
(15)KECK MEDICAL CENTER OF USC 1510 SAN PABLO STREET	HOSPITAL	CA	501(C)(3)	3	USC HEALTH	Yes	
LOS ANGELES, CA 90033 85-1644866							
(16)USC VERDUGO HILLS HOSPITAL 1812 VERDUGO BOULEVARD	HOSPITAL	CA	501(C)(3)	3	USC HEALTH	Yes	
GLENDALE, CA 91208 85-1634852		0.1.11.50425				2) 222	

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

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.

because it had one or more related organizations to	eateu as a pa	ruiersi	iip duriiig t	ne tax year.								
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	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	Disprop	h) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	ral or aging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
(1) USCSCA SURGICAL HOLDINGS LLC 1510 SAN PABLO ST LOS ANGELES, CA 90033	HOLDING COMPANY	CA	USC	RELATED					0			
(2) KECK MED OF USC AND HENRY MAYO NEWHALL  1441 Eastlake Ave LOS ANGELES, CA 90033 85-3779519	HEALTHCARE SRVS		NA						0			
(3) SUMMERTIME APARTMENTS  3990 RUFFIN ROAD SUITE 100 SAN DIEGO, CA 92123 33-0167146	HOUSING	CA	USC	RELATED	159,972	3,822,214		No	0		No	64.350 %
Part IV Identification of Related Organizations Taxab 34 because it had one or more related organization	ole as a Corp s treated as a	oratio corpo	n or Trust ration or tru	<b>t.</b> Complete if ust during the	the organitax year.	ization ansv	wered	"Yes"	on Form 9	990,	Part	IV, line

		<u>'</u>		<del> </del>					
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (13) co en	(i) n 512(b) ontrolled city?
=		country)						Yes	No
(1)MAY ROBERTS DEWRIGHT TRUST  UNIVERSITY GARDENS - UGB203  LOS ANGELES, CA 900898003  95-6284845	USC SUPPORT	CA	USC	Т	1,453,954	8,169,595	100.000 %	Yes	
	3RD PARTY CON	CA	1100	C	0		100.000.0/	Yes	<del> </del>
(2)INTEGRATED DIGITAL ASSET CORPORATION  UNIVERSITY GARDENS - UGB203  LOS ANGELES, CA 900898003  95-4680904	JRD PARTY CON	CA	USC		U	0	100.000 %	Yes	
(3)CHARITABLE REMAINDER TRUST (389)	FUNDRAISING		USC	Т				Yes	
SEE PART VII FOR COLUMN C SEE PART VII, CA 90089									
(4)POOLED INCOME FUND (1)	FUNDRAISING	CA	USC	Т				Yes	

Schedule R (Form 990) 2021						Pag	ge <b>3</b>
Part V Transactions With Related Organizations. Complete if the organizations	ganization 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.						Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions	with one or more relat	ed organizations listed	in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled en	ntity · · · ·				1a	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s) $\cdot$					1b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)					1c	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s)	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part TV, line 34, 35b, or 36.  The Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  If the sex year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? receipts of (i) interest. (iii) annuities, (iii) revoluties, or (iv) rent from a controlled entity.  It, grant, or capital contribution to related organization(s)  In, grant, or capital contribution from related organization(s)  In grant, or capital contribution from from related organization(s)  In grant, or capital contribution from from grant gr			1d		No	
$oldsymbol{e}$ Loans or loan guarantees by related organization(s) $\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot$					1e		No
f Dividends from related organization(s)					1f		
					1g		No
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?  8. Receipt of (I) interest, (II) annuluses, (III) regulates, or (IV) rent from a controlled entity.  9. Gift, grant, or capital contribution to related organization(s) .  9. Gift, grant, or capital contribution from related organization(s) .  9. Loans or loan guarantees to or for related organization(s) .  9. Loans or loan guarantees by related organization(s) .  9. Sale of assets to related organization(s) .  1. Exchange of assets with related organization(s) .  1. Exchange of facilities, equipment, or other assets from related organization(s) .  1. Performance of services or membership or fundraising solicitations for related organization(s) .  1. Performance of services or membership or fundraising solicitations for related organization(s) .  1. Performance of services or membership or fundraising solicitations for related organization(s) .  1. Performance of services or membership or fundraising solicitations by related organization(s) .  1. Performance of services or membership or fundraising solicitations for related organization(s) .  1. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .  1. Performance of services or membership or fundraising solicitations for related organization(s) .  1. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .  1. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .  1. Sharing of facilities, equipment, mailing lists, or			1h		No		
- ' ' ' '					1i		No
					1j		No
• Education reduinities, equipment, or earlier associates to relation or gameration (e)							
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).					1k		No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  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?  Receipt of (I) interest, (Ilhannuties, (III) organization, or (IV) re from a controlled entity.  Girl, grant, or capital contribution to related organization(s).  Girl, grant, or capital contribution for related organization(s).  Loans or loan guarantees to or for related organization(s).  Loans or loan guarantees to related organization(s).  Dividends from related organization(s).  Sale of assets from related organization(s).  Exchange of assets from related organization(s).  Exchange of assets from related organization(s).  Exchange of assets from related organization(s).  Lease of facilities, equipment, or other assets from related organization(s).  Heave of facilities, equipment, or other assets from related organization(s).  Sharing of facilities, equipment, or other assets from related organization(s).  Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  Reimbursement paid to related organization(s) for expenses.  Reimbursement paid to related organization(s) for expenses.  Other transfer of cash or property from related organization(s).  (a) (a) (b) (c) (c) (d) (microtrolled in the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) (c) (d) (microtrolled in the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) (d) (microtrolled in the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (d) (microtrolled in the above is "Yes," see the instructions for in			11		No		
	. ,				1m	Yes	
·	* *				1n	Yes	
	• •				10		No
or para emproyees with related organization(s)							
<b>D</b> Reimbursement paid to related organization(s) for expenses					1p	Yes	
					1q	Yes	
Transfer para by refaced organization(b) for expenses	line 1 if any entity is listed in Parts II, III, or IV of this schedule.  Ir, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  Laptal contribution to related organization(s)						
T Other transfer of cash or property to related organization(s)					1r	Yes	
					1s	100	No
					<del></del>		
	Transaction		М		volved		
(1)USC CARE MEDICAL GROUP INC	Р	1,506,815	FMV				
(2)USC CARE MEDICAL GROUP INC	N	422,047	FMV				
(3)USC CARE MEDICAL GROUP INC	М	2,389,680	FMV				
(4)KECK MEDICAL CENTER OF USC	Р	47,872,261	FMV				
(5)KECK MEDICAL CENTER OF USC	N	34,181,078	FMV				

$oldsymbol{r}$ Other transfer of cash or property to related organization(s) .				
$oldsymbol{s}$ Other transfer of cash or property from related organization(s) $\cdot$	<u> </u>	<u>.</u>	1s 1s	No
2 If the answer to any of the above is "Yes," see the instructions to	or information on who must complete th	nis line, including cove	red relationships and transaction thresholds.	
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	
(1)USC CARE MEDICAL GROUP INC	P	1,506,815	FMV	
(2)USC CARE MEDICAL GROUP INC	N	422,047	FMV	
(3)USC CARE MEDICAL GROUP INC	М	2,389,680	FMV	
(4)KECK MEDICAL CENTER OF USC	P	47,872,261	FMV	
(5)KECK MEDICAL CENTER OF USC	N	34,181,078	FMV	
(6)KECK MEDICAL CENTER OF USC	R	18,306,230	FMV	
(7)KECK MEDICAL CENTER OF USC	М	10,570,739	FMV	
(8)VERDUGO HILLS HOSPITAL	P	2,220,179	FMV	
(9)VERDUGO HILLS HOSPITAL	М	2,530,982	FMV	
(10)DAVID X MARKS FOUNDATION	С	1,631,600	FMV	
(11)MAY ROBERTS DEWRIGHT TRUST	A	-2,175,971	FMV	
(12)MAY ROBERTS DEWRIGHT TRUST	С	855,342	FMV	
(13)ALBEDO INSURANCE COMPANY IC	Q	37,042,725	FMV	
	I	I	Schedule R (Form 990) 20	21

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	Are al se 501 orgar	(e) I partners ection (c)(3) hizations?	(f) Share of total income	(g) Share of end-of-year assets	( <b>f</b> Disprop alloca	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1	<b>(j</b> Gener mana parti	aging	(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
										S	chedule F	? (Form 9	990) 2021