

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
University of Southern California
% ERIK BRINK UNIV COMPTROLLER
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
UNIVERSITY GARDENS UGB203
City or town, state or province, country, and ZIP or foreign postal code
Los Angeles, CA 900898003
F Name and address of principal officer
DR CHRYSOSTOMOS L NIKIAS
UNIVERSITY GARDENS-UGB203
LOS ANGELES, CA 900898003

D Employer identification number
95-1642394
E Telephone number
(213) 821-1900
G Gross receipts \$ 5,129,311,988
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ [http //www usc edu](http://www.usc.edu)

L Year of formation 1895 **M** State of legal domicile CA

K Form of organization Corporation Trust Association Other ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	57
4 Number of independent voting members of the governing body (Part VI, line 1b)	54
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	39,242
6 Total number of volunteers (estimate if necessary)	
7a Total unrelated business revenue from Part VIII, column (C), line 12	48,583,109
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	898,061,389	937,415,378
9 Program service revenue (Part VIII, line 2g)	3,793,701,633	4,005,388,630
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	203,133,557	183,250,103
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	526,472	2,355,145
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,895,423,051	5,128,409,256
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	486,328,535	513,955,318
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,485,155,232	2,562,722,181
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	607,325
b Total fundraising expenses (Part IX, column (D), line 25) ▶58,201,578		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,495,856,368	1,599,945,822
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,467,340,135	4,677,230,646
19 Revenue less expenses Subtract line 18 from line 12	428,082,916	451,178,610

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,268,789,127	11,572,918,422
21 Total liabilities (Part X, line 26)	2,718,540,947	3,148,520,752
22 Net assets or fund balances Subtract line 21 from line 20	7,550,248,180	8,424,397,670

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2018-05-10
JAMES STATEN SR VP FINANCE/CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: GWEN SPENCER
Preparer's signature: GWEN SPENCER
Date: 2018-05-07
Check if self-employed PTIN: P00641463
Firm's name: PRICEWATERHOUSECOOPERS LLP Firm's EIN: _____
Firm's address: 101 SEAPORT BOULEVARD Phone no: (617) 530-5000
BOSTON, MA 02210

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$	1,963,700,818	including grants of \$	511,937,879)	(Revenue \$	1,899,584,286)
	See Additional Data						

4b	(Code)	(Expenses \$	1,463,783,922	including grants of \$		(Revenue \$	1,226,759,249)
	See Additional Data						

4c	(Code)	(Expenses \$	411,663,459	including grants of \$		(Revenue \$	323,664,593)
	See Additional Data						

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	421,212,480	including grants of \$	1,776,909)	(Revenue \$	495,986,999)	

4e	Total program service expenses ▶	4,260,360,679					
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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	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? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Yes	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	Yes	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, solicitations, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (57); 1b Enter the number of voting members included in line 1a, above, who are independent (54); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, OK, WA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (ERIK BRINK UNIV COMPTROLLER UNIV GARDENS UGB203 LOS ANGELES, CA 90089 (213) 821-1900)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							29,174,031	0	2,452,752	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 5,494

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HATHAWAY DINWIDDIE CONSTRUCTION COM, 275 BATTERY STREET SUITE 300 SAN FRANCISCO, CA 94111	CONSTRUCTION SVCS	256,813,697
2U INC, 1150 S OLIVE STREET SUITE 2050 LOS ANGELES, CA 90015	ONLINE EDUCATION SVC	73,739,532
DPR CONSTRUCTION A GENERAL PARTNER, 4665 MACARTHUR CT 100 NEWPORT BEACH, CA 92660	CONSTRUCTION SVCS	72,982,095
MATT CONSTRUCTION, 9814 NORWALK BOULEVARD SANTA FE SPRINGS, CA 90670	CONSTRUCTION SVCS	45,531,312
HAMILTON HEALTHCARE CONSTRUCTION, 202 MERCURY CIRCLE POMONA, PA 19107	CONSTRUCTION SVCS	15,734,433

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 926

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	367,505				
	d Related organizations	1d					
	e Government grants (contributions)	1e	327,405,982				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	609,641,891				
	g Noncash contributions included in lines 1a-1f \$ _____		132,033,986				
	h Total. Add lines 1a-1f		937,415,378				
Program Service Revenue		Business Code					
	2a TUITION & FEES	900099	1,899,584,286	1,899,584,286			
	b NET PATIENT SERVICE REVENUE	900099	1,226,759,249	1,226,759,249			
	c AUXILIARY ENTERPRISES	900099	351,511,383	333,402,817	18,108,566		
	d PROFESSIONAL SERVICES AGREEMENT	900099	141,601,917	141,601,917			
	e SALES & SERVICE	900099	158,816,301	127,269,588	31,546,713		
	f All other program service revenue		227,115,494	227,115,494			
g Total. Add lines 2a-2f		4,005,388,630					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		66,013,222		-6,116,318	72,129,540	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		3,055,466			3,055,466	
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		123,796,938	-6,560,057				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	123,796,938	-6,560,057			
	d Net gain or (loss)		117,236,881		5,044,148	112,192,733	
	8a Gross income from fundraising events (not including \$ 367,505 of contributions reported on line 1c) See Part IV, line 18	a	202,411				
		b Less direct expenses	b	902,732			
		c Net income or (loss) from fundraising events		-700,321			-700,321
9a Gross income from gaming activities See Part IV, line 19	a	0					
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a	0					
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		0					
12 Total revenue. See Instructions		5,128,409,256	3,955,733,351	48,583,109	186,677,418		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,627,737	1,627,737		
2 Grants and other assistance to domestic individuals See Part IV, line 22	510,550,672	510,550,672		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	1,776,909	1,776,909		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	15,702,405	8,033,649	5,805,211	1,863,545
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	932,852	514,271	153,498	265,083
7 Other salaries and wages	2,016,314,719	1,833,052,503	152,409,911	30,852,305
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	183,720,845	157,551,909	22,695,858	3,473,078
9 Other employee benefits	248,888,996	213,437,601	30,746,371	4,705,024
10 Payroll taxes	97,162,364	83,322,695	12,002,901	1,836,768
11 Fees for services (non-employees)				
a Management	0			
b Legal	17,600,260		17,600,260	
c Accounting	2,503,487		2,503,487	
d Lobbying	399,398	399,398		
e Professional fundraising services See Part IV, line 17	607,325			607,325
f Investment management fees	13,492,348		13,492,348	
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	981,368,091	925,093,300	42,704,210	13,570,581
14 Information technology	0			
15 Royalties	0			
16 Occupancy	36,596,093	32,999,015	3,554,743	42,335
17 Travel	59,970,164	56,305,839	2,853,833	810,492
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	65,219,580	33,826,827	31,390,491	2,262
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	245,349,460	226,342,065	18,834,615	172,780
23 Insurance	1,920,652		1,920,652	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF GOODS SOLD	112,822,573	112,822,573		
b UNIVERSITY SERVICES	62,703,716	62,703,716		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,677,230,646	4,260,360,679	358,668,389	58,201,578
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	349,665,213	2	777,207,754
	3 Pledges and grants receivable, net	663,803,372	3	628,632,992
	4 Accounts receivable, net	371,406,273	4	391,791,568
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5,069,884	5	8,553,152
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	70,577,698	7	64,396,931
	8 Inventories for sale or use	18,324,172	8	19,811,865
	9 Prepaid expenses and deferred charges	231,513,377	9	269,094,178
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,334,851,010		
	b Less accumulated depreciation	2,357,477,919		
		3,548,412,109	10c	3,977,373,091
	11 Investments—publicly traded securities	2,723,271,470	11	2,932,770,464
	12 Investments—other securities See Part IV, line 11	1,971,390,197	12	2,207,661,364
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	315,355,362	15	295,625,063	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,268,789,127	16	11,572,918,422	
Liabilities	17 Accounts payable and accrued expenses	639,840,123	17	588,008,102
	18 Grants payable	0	18	0
	19 Deferred revenue	200,624,808	19	246,640,741
	20 Tax-exempt bond liabilities	864,178,609	20	185,761,743
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	17,500,000	22	17,500,000
	23 Secured mortgages and notes payable to unrelated third parties	302,016,751	23	1,421,593,464
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	694,380,656	25	689,016,702
	26 Total liabilities. Add lines 17 through 25	2,718,540,947	26	3,148,520,752
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,655,590,507	27	4,127,768,086
	28 Temporarily restricted net assets	1,689,635,106	28	1,912,395,980
	29 Permanently restricted net assets	2,205,022,567	29	2,384,233,604
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,550,248,180	33	8,424,397,670	
34 Total liabilities and net assets/fund balances	10,268,789,127	34	11,572,918,422	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,128,409,256
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,677,230,646
3	Revenue less expenses Subtract line 2 from line 1	3	451,178,610
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,550,248,180
5	Net unrealized gains (losses) on investments	5	426,753,310
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,782,430
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,424,397,670

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 95-1642394

Name: University of Southern California

Form 990 (2016)

Form 990, Part III, Line 4a:

INSTRUCTION 19,000 STUDENTS IN UNDERGRADUATE CLASSES 26,500 STUDENTS IN GRADUATE AND PROFESSIONAL CLASSES 5,046 BACHELOR DEGREES
CONFERRED AND 10,476 ADVANCED DEGREES CONFERRED IN 2016-2017

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

AUXILIARY ENTERPRISES APPROXIMATELY 40,000 STUDENTS AND 16,000 FACULTY AND STAFF ARE SERVED BY THE BOOKSTORE, DINING SERVICES, HOUSING, PARKING FACILITIES AND OTHER SERVICES THAT SUPPORT EDUCATIONAL ACTIVITIES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIRIAM ADELSON Trustee (As of 10/05/2016)	1 0 0 0	X						0	0	0
MICHAEL E ADLER TRUSTEE	1 0 0 0	X						0	0	0
WALLIS ANNENBERG TRUSTEE	1 0 0 0	X						0	0	0
WANDA M AUSTIN TRUSTEE	1 0 0 0	X						0	0	0
LISA BARKETT TRUSTEE (UNTIL 06/07/2017)	1 0 0 0	X						0	0	0
THOMAS J BARRACK JR TRUSTEE	1 0 0 0	X						0	0	0
MARC R BENIOFF TRUSTEE	1 0 0 0	X						0	0	0
DAVID C BOHNETT TRUSTEE	1 0 0 0	X						0	0	0
JOSEPH M BOSKOVICH SR TRUSTEE	1 0 0 0	X						0	0	0
ROBERT A BRADWAY TRUSTEE	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEANIE BUSS TRUSTEE	1 0 0 0	X						0	0	0
CHARLES G CALE TRUSTEE	1 0 0 0	X						0	0	0
RAMONA L CAPPELLO TRUSTEE	1 0 0 0	X						0	0	0
RICK J CARUSO TRUSTEE	1 0 0 0	X						0	0	0
ALAN I CASDEN TRUSTEE	1 0 0 0	X						0	0	0
RONNIE C CHAN TRUSTEE	1 0 0 0	X						0	0	0
YANG HO CHO TRUSTEE	1 0 0 0	X						0	0	0
CHRISTOPHER COX TRUSTEE	1 0 0 0	X						0	0	0
FRANK H CRUZ TRUSTEE	1 0 0 0	X						0	0	0
MICHELE DEDEAUX ENGEMANN TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID H DORNSIFE TRUSTEE	1 0 0 0	X						0	0	0
SUZANNE DWORAK-PECK TRUSTEE (AS OF 10/05/2016)	1 0 0 0	X						0	0	0
DANIEL J EPSTEIN TRUSTEE	1 0 0 0	X						0	0	0
FRANK J FERTITTA III TRUSTEE	1 0 0 0	X						0	0	0
CHENGYU FU TRUSTEE (UNTIL 06/07/2017)	1 0 0 0	X						0	0	0
STANLEY P GOLD TRUSTEE	1 0 0 0	X						0	0	0
TAMARA HUGHES GUSTAVSON TRUSTEE	1 0 0 0	X						0	0	0
JANE HARMAN TRUSTEE	1 0 0 0	X						0	0	0
MING HSIEH TRUSTEE	1 0 0 0	X						0	0	0
SUZANNE NORA JOHNSON TRUSTEE	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LYDIA H KENNARD TRUSTEE	1 0 0 0	X						0	0	0
KENNETH R KLEIN TRUSTEE	1 0 0 0	X						0	0	0
JOHN KUSMIERSKY TRUSTEE	1 0 0 5	X						0	0	0
KATHY LEVENTHAL TRUSTEE	1 0 0 0	X						0	0	0
MITCHELL LEW TRUSTEE	1 0 0 0	X						0	0	0
William J McMorrow Trustee	1 0 0 0	X						0	0	0
JOHN MORK TRUSTEE/CHAIRMAN	1 0 0 5	X		X				0	0	0
ROD NAKAMOTO TRUSTEE (AS OF 06/07/2017)	1 0 0 0	X						0	0	0
CARMEN NAVA TRUSTEE (AS OF 12/07/2016)	1 0 0 0	X						0	0	0
JERRY W NEELY TRUSTEE (UNTIL 06/07/2017)	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHELLY NEMIROVSKY TRUSTEE	1 0 0 0	X						0	0	0
Dominic Ng Trustee	1 0 0 0	X						0	0	0
CHRYSOSTOMOS L NIKIAS PRESIDENT/Trustee	50 0 1 75	X		X				1,605,338	0	803,409
J KRIS POPOVICH TRUSTEE	1 0 0 0	X						0	0	0
BLAKE QUINN TRUSTEE	1 0 0 0	X						0	0	0
LORNA Y REED TRUSTEE (UNTIL 06/07/2017)	1 0 0 0	X						0	0	0
EDWARD P ROSKI JR TRUSTEE	1 0 0 0	X						0	0	0
Amy A Ross Trustee	1 0 0 0	X						0	0	0
FREDERICK J RYAN JR TRUSTEE (AS OF 02/01/2017)	1 0 0 0	X						0	0	0
LEONARD D SCHAEFFER TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM EB SIART TRUSTEE	1 0 0 0	X						0	0	0
JEFFREY H SMULYAN TRUSTEE	1 0 0 0	X						0	0	0
STEVEN SPIELBERG Trustee	1 0 0 0	X						0	0	0
Heliane M Steden TRUSTEE	1 0 0 0	X						0	0	0
MARK A STEVENS TRUSTEE	1 0 0 0	X						0	0	0
RONALD D SUGAR TRUSTEE	1 0 0 0	X						0	0	0
TRACY M SYKES TRUSTEE	1 0 0 0	X						0	0	0
RATAN N TATA TRUSTEE	1 0 0 0	X						0	0	0
DANIEL M TSAI TRUSTEE	1 0 0 0	X						0	0	0
RONALD N TUTOR TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WENXUE WANG TRUSTEE	1 0 0 0	X						0	0	0
Michael Quick PROVOST/SR VP ACADEMIC AFFAIRS	50 0 0 5			X				805,840	0	38,249
JAMES M STATEN SR VP, FINANCE & CFO	50 0 1 25			X				1,427,451	0	151,352
ALBERT R CHECCIO SR VP, UNIVERSITY ADVANCEMENT	50 0 0 25			X				890,407	0	286,284
TODD R DICKEY SR VP, ADMINISTRATION	50 0 0 5			X				781,944	0	38,235
THOMAS S SAYLES SR VP, UNIV relations	50 0 0 0			X				515,025	0	37,499
CAROL MAUCH AMIR SVP & GEN COUNSEL/SECRETARY	50 0 0 75			X				697,856	0	56,676
THOMAS E JACKIEWICZ SVP & CEO FOR KECK MEDICINE	50 0 0 5			X				2,030,122	0	40,427
LISA ANN MAZZOCCO Chief Investment Officer	50 0 0 0				X			1,218,269	0	265,824
ROHIT VARMA MD SEE SCHEDULE O FOR TITLE	50 0 0 75				X			1,629,257	0	46,462

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
CARMEN A PULIAFITO MD SEE SCHEDULE O FOR TITLE	50 0 0 25				X			1,070,546	0	53,616	
JAMES G ELLIS DEAN-MARSHALL SCHOOL OF BUS	50 0 0 75				X			636,784	0	45,644	
YANNIS C YORTSOS DEAN-VITERBI SCHOOL OF ENG	50 0 0 5				X			501,112	0	56,107	
DANI BYRD SEE SCHEDULE O FOR TITLE	50 0 0 0				X			445,541	0	114,055	
AMBER MILLER SEE SCHEDULE O FOR TITLE	50 0 0 0				X			238,725	0	4,849	
VAUGHN A STARNES MD CHAIR & DIST PROF SURGERY	40 0 0 0					X		2,839,657	0	56,671	
PATRICK C HADEN SEE SCHEDULE O FOR TITLE	40 0 0 0					X		2,732,742	0	53,697	
INDERBIR SINGH GILL MD PROF & CHAIR - UROLOGY	40 0 0 5					X		2,554,069	0	109,235	
CHARLES HELTON HEAD FOOTBALL COACH	40 0 0 0					X		2,547,804	0	78,161	
LOUIS A VANDERMOLLEN MD PROFESSOR OF CLINICAL MEDICINE	40 0 0 0					X		2,423,015	0	48,841	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT ABELES SENIOR VICE PRESIDENT EMERITUS	1 0 0 0						X	1,222,890	0	37,027
STEVE A KAY SEE SCHEDULE O FOR TITLE	40 0 0 0						X	359,637	0	30,432

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Southern California

Employer identification number

95-1642394

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	860,983,969	1,029,935,649	848,646,377	898,061,389	937,415,378	4,575,042,762
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	860,983,969	1,029,935,649	848,646,377	898,061,389	937,415,378	4,575,042,762
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						4,575,042,762

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	860,983,969	1,029,935,649	848,646,377	898,061,389	937,415,378	4,575,042,762
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	78,241,491	50,425,076	48,389,710	50,753,408	69,068,688	296,878,373
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	171,941	320,233	101,404	493,675	202,411	1,289,664
11 Total support. Add lines 7 through 10						4,873,210,799
12 Gross receipts from related activities, etc (see instructions)					12	17,199,279,694

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	93.881%
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	93.634%

- 16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2016.** 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 organization
- b 10%-facts-and-circumstances test—2015.** 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 supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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 made the determination.		
	3b		
c	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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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 or supervised by or in connection with its supported organizations.		
	4b		
c	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 all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	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 the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	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)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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 organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the 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? <i>If "No," describe in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those 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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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 organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10	OTHER INCOME REPRESENTS GROSS INCOME FROM FUNDRAISING EVENTS

Schedule A Form 990 of 990-E 2016

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
● Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization University of Southern California	Employer identification number 95-1642394
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response 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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		790,439
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		
j	Total Add lines 1c through 1i			790,439
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1(G)-(I)	The University of Southern California's lobbying efforts INCLUDE 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 organizations which may lobby on its behalf. AMOUNTS ASSOCIATED WITH MEMBER DUES ARE NOT REPORTED IN PART II-B

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization University of Southern California

Employer identification number 95-1642394

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, and Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other EDUCATION
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|-------------|
| c Beginning balance | 208,554,462 |
| d Additions during the year | 25,264,608 |
| e Distributions during the year | 11,327,937 |
| f Ending balance | 222,491,133 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,371,419,736	4,511,866,099	4,392,817,799	3,689,898,845	3,322,631,891
b Contributions	176,085,163	164,261,117	152,516,218	158,946,757	140,031,692
c Net investment earnings, gains, and losses	548,227,065	-107,908,309	147,475,858	710,037,195	383,718,997
d Grants or scholarships	44,812,383	41,057,640	37,788,447	34,447,250	32,227,093
e Other expenditures for facilities and programs	162,217,085	147,972,885	135,988,210	125,143,900	118,164,254
f Administrative expenses	8,529,556	7,768,646	7,167,119	6,473,848	6,092,388
g End of year balance	4,880,172,940	4,371,419,736	4,511,866,099	4,392,817,799	3,689,898,845

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 28 000 %
 - b** Permanent endowment ▶ 72 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | No | No |
| (ii) related organizations | Yes | No |
| 3a(ii) | Yes | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b** Yes
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		196,890,418		196,890,418
b Buildings		4,624,272,408	1,507,130,065	3,117,142,343
c Leasehold improvements				
d Equipment		653,539,585	564,259,561	89,280,024
e Other		860,148,599	286,088,293	574,060,306
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,977,373,091

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____ (A) HEDGE FUND	1,022,592,649	F
(B) PRIVATE EQUITY	1,185,068,715	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,207,661,364	

Part VIII Investments—Program Related. 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) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
FOR ANNUITIES PAYABLES	124,277,191
SELF INSURANCE RESERVES	283,859,487
FEDERAL STUDENT LOAN FUNDS	65,649,384
ASSET RETIREMENT OBLIGATION	121,085,142
REFUNDABLE ADVANCES	18,189,845
CAPITAL LEASE OBLIGATION	72,605,603
OTHER LIABILITIES	3,350,050
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	689,016,702

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-1642394

Name: University of Southern California

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4	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, research and public exhibition purposes.

Supplemental Information

Return Reference	Explanation
Schedule D, Part IV, Line 1B	The University acts as the fiscal agent for funds related to University sponsored and/or affiliated programs. The University does not own the funds associated with these programs.

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	The intent of the University's endowment funds is to generate the revenues necessary to support the University's exempt purposes, including education, research and scholarships

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, LINE 2	THE UNIVERSITY OF SOUTHERN CALIFORNIA DOES NOT HAVE A FIN 48 FOOTNOTE AS ANY UNCERTAIN TAX POSITIONS WERE DEEMED IMMATERIAL

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Department of the Treasury

Name of the organization
University of Southern California

Employer identification number

95-1642394

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	Yes	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II.	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
SCHEDULE E - EXPLANATION FOR LINE 3	<p>NON-DISCRIMINATION POLICY 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 ENTHUSIASTICALLY SUPPORTS THIS POLICY IN ITS ENTIRETY, AND EXPECTS THAT EVERY PERSON ASSOCIATED WITH THE UNIVERSITY WILL GIVE CONTINUING SUPPORT TO ITS IMPLEMENTATION THE UNIVERSITY IS COMMITTED TO COMPLYING WITH ALL APPLICABLE LAWS AND GOVERNMENTAL REGULATIONS AT EVERY LEVEL OF GOVERNMENT WHICH PROHIBIT DISCRIMINATION AGAINST, OR WHICH MANDATE THAT SPECIAL CONSIDERATION BE GIVEN TO STUDENTS AND APPLICANTS FOR ADMISSION, OR FACULTY, STAFF AND APPLICANTS 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, VETERAN STATUS, GENETIC INFORMATION, OR ANY OTHER CHARACTERISTIC WHICH MAY FROM TIME TO TIME BE SPECIFIED IN SUCH LAWS AND REGULATIONS GENDER INCLUDES BOTH THE ACTUAL SEX OF AN INDIVIDUAL AND THAT PERSON'S GENDER IDENTITY, APPEARANCE OR BEHAVIOR, WHETHER OR NOT THAT IDENTITY, APPEARANCE OR BEHAVIOR IS TRADITIONALLY ASSOCIATED WITH THAT PERSON'S SEX AT BIRTH THIS POLICY APPLIES TO ALL OF THE UNIVERSITY'S EDUCATIONAL PROGRAMS AND ACTIVITIES INCLUDING ADMISSIONS, AND ALL PERSONNEL ACTIVITIES INCLUDING BUT NOT LIMITED TO RECRUITING, HIRING, PROMOTION, DEMOTION, COMPENSATION, BENEFITS, TRANSFERS, LAYOFFS, RETURN FROM LAYOFF, PROVISION OF LEAVES, TRAINING, EDUCATION, TUITION ASSISTANCE AND OTHER PROGRAMS IN ADDITION, AN OTHERWISE QUALIFIED INDIVIDUAL MUST NOT BE DISCRIMINATED AGAINST IN, OR EXCLUDED FROM, ADMISSIONS, PARTICIPATION IN EDUCATIONAL PROGRAMS AND ACTIVITIES, OR EMPLOYMENT SOLELY DUE TO HIS OR HER DISABILITY THE UNIVERSITY SEEKS COMPLIANCE WITH ALL STATUTES PROHIBITING DISCRIMINATION IN EDUCATION, INCLUDING TITLE VI AND TITLE VII OF THE CIVIL RIGHTS ACT OF 1964, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, SECTION 504 OF THE REHABILITATION ACT OF 1973, THE AGE DISCRIMINATION ACT OF 1975, AND THE AMERICANS WITH DISABILITIES ACT OF 1990 WHICH RESPECTIVELY PROHIBIT DISCRIMINATION THIS GOOD FAITH EFFORT TO COMPLY IS MADE EVEN WHEN SUCH LAWS AND REGULATIONS CONFLICT WITH EACH OTHER THE UNIVERSITY WILL MAKE REASONABLE ACCOMMODATIONS FOR QUALIFIED INDIVIDUALS WITH KNOWN DISABILITIES UNLESS DOING SO WOULD RESULT IN UNDUE HARDSHIP IN GENERAL, THE UNIVERSITY DOES NOT SOLICIT OUTSIDE OF ITS WEBSITE AND ADMISSIONS MATERIALS THE UNIVERSITY'S NON-DISCRIMINATION POLICY IS ON THE UNIVERSITY'S WEBSITE, IN THE FACULTY HANDBOOK, IN SCAMPUS (THE STUDENT HANDBOOK), AND ALSO IN THE UNIVERSITY COURSE CATALOGUE IN ADDITION, IT IS COMMUNICATED TO ALL STUDENTS DURING ORIENTATION, TO ALL NEW EMPLOYEES WITHIN 60 DAYS OF HIRE, AND TO ALL EMPLOYEES EVERY 2 YEARS AS PART OF THE UNIVERSITY'S HARASSMENT AND DISCRIMINATION PREVENTION TRAINING</p>
SCHEDULE E - EXPLANATION FOR LINE 6a	<p>THE UNIVERSITY OF SOUTHERN CALIFORNIA RECEIVES FUNDING FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES IN SUPPORT OF THE UNIVERSITY'S EDUCATIONAL MISSION</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Southern California

Employer identification number

95-1642394

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	8	155			8,326,585
b Total from continuation sheets to Part I		195			929,793,392
c Totals (add lines 3a and 3b)	8	350			938,119,977

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

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 ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL AWARD	East Asia and the Pacific					N/A	
TRAVEL AWARD	Europe (Including Iceland and Greenland)					N/A	
TRAVEL AWARD	South Asia					N/A	

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	<p>THE UNIVERSITY WIRES ITS OFFICE EXPENSES ON A MONTHLY BASIS THE MONTHLY EXPENSES CONSIST OF FIXED COSTS PAYROLL, RENT, OCCUPANCY COSTS (SUCH AS PHONE/INTERNET/FAX, CLEANING, ELECTRICITY), CONSULTANTS SUCH AS ACCOUNTANTS, BANK FEES AND NON-FIXED, SUCH AS SUPPLIES, TRAVEL, MEALS AND ENTERTAINMENT AND SOME MISCELLANEOUS COSTS THE OFFICES SEND THEIR EXPENSE REPORTS INCLUDING BACKUP (INVOICES/RECEIPTS) TO THE UNIVERSITY ALONG WITH MONTHLY BANK STATEMENTS ALL EXPENDITURES DOMESTIC AND INTERNATIONAL MUST COMPLY WITH OUR EXPENDITURE MANUAL AND THE UNIVERSITY'S SENIOR BUSINESS OFFICERS ARE RESPONSIBLE FOR COMPLYING WITH THESE POLICIES AND REGULATIONS EXPENDITURES RELATED TO RESEARCH GRANTS ARE CONTINUALLY MONITORED BY PRINCIPAL INVESTIGATORS ASSOCIATED WITH THAT AWARD SCHEDULE F, PART I, LINE 3, COLUMN (F) AND SCHEDULE F, PART II, LINE 1 EXPENSES REPORTED IN SCHEDULE F, PART I, LINE 3, COLUMN (F) AND SCHEDULE F, PART II, LINE 1 ARE DERIVED FROM USC'S BOOKS AND RECORDS, WHICH ARE MAINTAINED ON THE ACCRUAL BASIS OF ACCOUNTING</p>

Additional Data

Software ID:

Software Version:

EIN: 95-1642394

Name: University of Southern California

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean		1	Program Services	INSTRUCT,EXCUR,TRAVEL	8,301
East Asia and the Pacific	5	53	Program Services	INSTRUCT,EXCUR,TRAVEL	3,700,917
Europe (Including Iceland and Greenland)		66	Program Services	INSTRUCT,EXCUR,TRAVEL	3,152,195

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa		12	Program Services	INSTRUCT,EXCUR,TRAVEL	200,714
North America	1	15	Program Services	INSTRUCT,EXCUR,TRAVEL	179,076
Russia and the Newly Independent States			Program Services	INSTRUCT,EXCUR,TRAVEL	86,547

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	1	7	Program Services	INSTRUCT,EXCUR,TRAVEL	152,938
South Asia	1	1	Program Services	INSTRUCT,EXCUR,TRAVEL	88,782
Sub-Saharan Africa			Program Services	INSTRUCT,EXCUR,TRAVEL	242,519

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	RESEARCH	21,411
East Asia and the Pacific			Program Services	RESEARCH	83,901
Europe (Including Iceland and Greenland)			Program Services	RESEARCH	81,225

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	RESEARCH	154,737
North America			Program Services	RESEARCH	14,394
Russia and the Newly Independent States			Program Services	RESEARCH	93,482

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	RESEARCH	37,111
South America			Program Services	RESEARCH	28,335
South Asia			Program Services	RESEARCH	30,476

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific		20	Program Services	STUDENT ABROAD	283,270
Europe (Including Iceland and Greenland)		15	Program Services	STUDENT ABROAD	475,676
North America		4	Program Services	STUDENT ABROAD	30,121

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America		2	Program Services	STUDENT ABROAD	55,732
East Asia and the Pacific		19	Program Services	RECRUITMENT	1,756,258
Europe (Including Iceland and Greenland)			Program Services	RECRUITMENT	40,018

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	RECRUITMENT	426
North America		1	Program Services	RECRUITMENT	175,812
South America		1	Program Services	RECRUITMENT	175,294

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia		1	Program Services	RECRUITMENT	155,825
Central America and the Caribbean			Program Services	GLOBALIZATION-TRAVEL	8,027
East Asia and the Pacific			Program Services	GLOBALIZATION-TRAVEL	103,534

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	GLOBALIZATION-TRAVEL	12,301
Middle East and North Africa			Program Services	GLOBALIZATION-TRAVEL	16,107
North America			Program Services	GLOBALIZATION-TRAVEL	4,110

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	GLOBALIZATION-TRAVEL	12,626
Central America and the Caribbean			Program Services	PREV & GLOBAL MEDICINE	15,426
East Asia and the Pacific			Program Services	PREV & GLOBAL MEDICINE	42,989

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	PREV & GLOBAL MEDICINE	69,801
Middle East and North Africa			Program Services	PREV & GLOBAL MEDICINE	1,342
North America			Program Services	PREV & GLOBAL MEDICINE	10,720

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	PREV & GLOBAL MEDICINE	30,152
South Asia			Program Services	PREV & GLOBAL MEDICINE	27,213
East Asia and the Pacific		98	Program Services	INT EXPERIENTIAL LEARN	3,533,215

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)		18	Program Services	INT EXPERIENTAL LEARN	168,476
Middle East and North Africa		2	Program Services	INT EXPERIENTAL LEARN	100,782
South America		14	Program Services	INT EXPERIENTAL LEARN	665,781

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking		200,346
Europe (Including Iceland and Greenland)			Grantmaking		709,079
Middle East and North Africa			Grantmaking		34,469

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Grantmaking		765,905
Russia and the Newly Independent States			Grantmaking		67,110
Central America and the Caribbean			Investments		848,717,751

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments		68,979,245
East Asia and the Pacific			Investments		2,317,977

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	RSCH SUBAWRD	20,882				
		Europe (Including Iceland and Greenland)	RSCH SUBAWRD	68,327				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RSCH SUBAWRD	171,205				
		East Asia and the Pacific	RSCH SUBAWRD	48,253				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	RSCH SUBAWRD	189,710				
		East Asia and the Pacific	RSCH SUBAWRD	98,637				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RSCH SUBAWRD	110,962				
		Middle East and North Africa	RSCH SUBAWRD	34,469				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	RSCH SUBAWRD	72,422				
		Sub-Saharan Africa	RSCH SUBAWRD	19,467				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	RSCH SUBAWRD	60,888				
		Europe (Including Iceland and Greenland)	RSCH SUBAWRD	8,337				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	RSCH SUBAWRD	104,590				
		North America	RSCH SUBAWRD	157,020				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	RSCH SUBAWRD	232,815				
		East Asia and the Pacific	RSCH SUBAWRD	10,800				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	RSCH SUBAWRD	17,877				
		Europe (Including Iceland and Greenland)	RSCH SUBAWRD	71,098				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RSCH SUBAWRD	156,511				
		Europe (Including Iceland and Greenland)	RSCH SUBAWRD	122,638				

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
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 organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(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
		Yes	No			
RUFFALO CODYNOEL LEVITZ	PHONE SOLICIT		No	1,007,715	607,325	400,390
Total				1,007,715	607,325	400,390

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		SCRIPTER AWARDS (event type)	VITERBI AWARDS (event type)	1 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	258,405	161,650	149,861	569,916
2	Less Contributions	230,805	130,450	6,250	367,505
3	Gross income (line 1 minus line 2)	27,600	31,200	143,611	202,411
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	8,609	1,698	3,055	13,362
	6 Rent/facility costs	108,172	17,547	54,380	180,099
	7 Food and beverages	48,427	173,435	138,245	360,107
	8 Entertainment	15,220	117,981	66,055	199,256
	9 Other direct expenses	16,913	41,922	91,073	149,908
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-700,321

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | |
|--------------------------------------|--------------|
| a The organization's facility | 13a % |
| b An outside facility | 13b % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 University of Southern California

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Employer identification number
 95-1642394

OMB No 1545-0047
2016
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,306,125	0	5,306,125	0 110 %
b Medicaid (from Worksheet 3, column a)			204,786,614	175,212,881	29,573,733	0 630 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			210,092,739	175,212,881	34,879,858	0 740 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			701,530	0	701,530	0 010 %
f Health professions education (from Worksheet 5)			29,300,991	3,604,162	25,696,829	0 550 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			288,355,786	288,355,786		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			707,698	0	707,698	0 020 %
j Total. Other Benefits			319,066,005	291,959,948	27,106,057	0 580 %
k Total. Add lines 7d and 7j			529,158,744	467,172,829	61,985,915	1 320 %

Part III Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			308,887	0	308,887	0.010 %
3 Community support			3,767	0	3,767	
4 Environmental improvements			350,000	0	350,000	0.010 %
5 Leadership development and training for community members						
6 Coalition building			3,355	0	3,355	
7 Community health improvement advocacy						
8 Workforce development			361,693	0	361,693	
9 Other						
10 Total			1,027,702	0	1,027,702	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	-4,870,474
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	308,239,234
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	400,081,180
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-91,841,946
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NA				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 12

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>keckmedicine org/community-benefit</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>keckmedicine org/community-benefit</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 350 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SECTION C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SECTION C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ **3**

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>USCVHH ORG/GIVING/COMMUNITY-BENEFIT</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>USCVHH ORG/GIVING/COMMUNITY-BENEFIT</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 350 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SECTION C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SECTION C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
-----------	--	-----	--

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

B

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 USC ENGEMANN STUDENT HEALTH CENTER (UPC) 1031 WEST 34TH STREET LOS ANGELES, CA 900893261	OUTPATIENT CLINIC
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	THE DISCOUNT AMOUNT IS BASED ON FAMILY INCOME COMPARED TO THE FEDERAL POVERTY LEVEL ("FPL") FOR THE CURRENT YEAR. PATIENTS WITH FAMILY INCOME UNDER 200% FPL WILL BE ELIGIBLE FOR FREE CARE FOR THE DATES OF SERVICES FOR WHICH AN APPLICATION IS COMPLETED UNINSURED OR UNDER-INSURED PATIENTS WITH FAMILY INCOME BETWEEN 201% AND 350% FPL WILL BE ELIGIBLE FOR CARE AT A SLIDING SCALE DISCOUNT. UNINSURED PATIENTS WHOSE FAMILY INCOME EXCEEDS 350% OF THE FPL WILL RECEIVE THE COMPACT DISCOUNTED RATE. If it is determined that the family income is above 400% of the FPL, the hospitals may still consider the patient eligible for financial assistance and require the following information be provided: individual or family net worth, including assets, both liquid and non-liquid, liabilities and claims against assets, employment status will be considered in the context of whether the likelihood of future earnings will be sufficient to meet the cost of paying for healthcare services within a reasonable period of time, unusual expenses or liabilities, and additional information as required for special circumstances.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	<p>THE AMOUNTS REPORTED IN PART I, LINE 7 FOLLOW THE FORM 990, SCHEDULE H INSTRUCTIONS BY ADDRESSING ALL PATIENT SEGMENTS THE TOTAL PERCENTAGE OF FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST ON LINE 7 WAS CALCULATED (USING A COST TO CHARGE RATIO) FOR FY17 ON A UNIVERSITY-WIDE BASIS AS REQUIRED PER THE FORM 990 INSTRUCTIONS THE CALCULATION ON A HOSPITAL-ONLY BASIS WOULD RESULT IN A TOTAL PERCENTAGE OF 4 89%, CONSISTENT WITH PEER ORGANIZATIONS THIS PERCENTAGE DOES NOT INCLUDE THE IMPACT ASSOCIATED WITH THE SERVICES PROVIDED BY USC TO LOS ANGELES COUNTY AND USC MEDICAL CENTER PART II, LINE 8 ECONOMIC DEVELOPMENT USC Verdugo Hills Hospital actively supported the La Caada Flintridge Chamber of Commerce, Crescenta Valley Chamber of Commerce, the Glendale Chamber of Commerce, and the Montrose Verdugo City Chamber of Commerce and supported issues impacting community health and safety COMMUNITY SUPPORT USC Verdugo Hills Hospital collaborated with a number of community partners in support of community health organizations and the business community Efforts included outreach and planning to support community efforts Examples of organizational partnership meetings included the Glendale Healthy Community Coalition, YMCA of the Foothills, and Comprehensive Community Health Clinics COALITION BUILDING AND ADVOCACY Hospital representatives serve on a number of local, regional, and state level organizations and committees that address health improvement and support professional health organizations USC Verdugo Hills Hospital engaged in advocacy efforts that supported access to health care WORKFORCE DEVELOPMENT Keck Medicine of USC continued its efforts to engage students from local Los Angeles schools that typically enroll underserved students 200 students from the Bravo Medical Magnet High School participated in a job shadowing and mentoring program Each semester, three classes of students spend 7 5 hours a week working with staff in a variety of roles and departments Established in 1970, USC's Med-COR Program, which stands for Medical Counseling Organizing and Recruiting, works with high school students of color to help prepare them for careers in the health professions 65 students were provided structured academic enrichment in the areas of mathematics, science, and English, as well as academic counseling, SAT assistance, and summer internships at local hospitals The program serves students from four local schools Francisco Bravo Medical Magnet High School, King-Drew Medical Magnet High School, Orthopaedic Hospital Medical Magnet High School, and Van Nuys High School A high school immersion program engaged local students in a series of lectures about health care The students heard from hospital staff and toured the hospital They viewed a surgery and got to see the behind the scenes work of a number of departments, including the laboratory and pharmacy</p>

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Form and Line Reference	Explanation
PART III, LINE 2	THE DETERMINATION OF CHARITY CARE GENERALLY SHOULD BE MADE AT THE TIME OF ADMISSION, OR SHORTLY THEREAFTER. HOWEVER, EVENTS AFTER DISCHARGE MAY CHANGE THE ABILITY OF THE PATIENT TO PAY. DESIGNATION AS CHARITY CARE WILL ONLY BE CONSIDERED AFTER ALL PAYMENT SOURCES HAVE BEEN EXHAUSTED. HOSPITAL CHARGES FOR PATIENT ACCOUNTS IDENTIFIED AS CHARITY CARE AT THE TIME OF ADMISSION OR SERVICE ARE NOT RECOGNIZED BY THE FACILITY AS NET REVENUES OR NET RECEIVABLES. IF PATIENT ACCOUNTS ARE IDENTIFIED AS CHARITY CARE SUBSEQUENT TO THE FACILITY RECOGNIZING THE CHARGES AS REVENUE, AN ADJUSTMENT IS REQUIRED TO CLASSIFY APPROPRIATELY THE REVENUE AND ANY BAD DEBT EXPENSE PREVIOUSLY RECORDED. PART III, LINE 4 NET PATIENT SERVICE REVENUE IS REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD PARTY PAYORS, GOVERNMENT PROGRAMS AND OTHERS IN THE PERIOD IN WHICH SERVICES ARE PROVIDED. THE MAJORITY OF THE HOSPITALS' SERVICES ARE RENDERED TO PATIENTS WITH COMMERCIAL OR MANAGED CARE INSURANCE, OR UNDER THE FEDERAL MEDICARE AND CALIFORNIA STATE MEDI-CAL PROGRAMS. REIMBURSEMENT FROM THESE VARIOUS PAYORS IS BASED ON A COMBINATION OF PROSPECTIVELY DETERMINED RATES, DISCOUNTS FROM CHARGES AND HISTORICAL COSTS. AMOUNTS RECEIVED UNDER THE MEDICARE PROGRAM ARE SUBJECT TO RETROACTIVE SETTLEMENTS BASED ON REVIEW AND FINAL DETERMINATION BY PROGRAM INTERMEDIARIES OR THEIR AGENTS. PROVISIONS FOR CONTRACTUAL ADJUSTMENTS AND RETROACTIVE SETTLEMENTS RELATED TO THOSE PAYERS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS AS ADDITIONAL INFORMATION BECOMES KNOWN OR AS FINAL SETTLEMENTS ARE DETERMINED. HEALTHCARE SERVICES REVENUES ALSO INCLUDE THE REVENUES ASSOCIATED WITH THE PROFESSIONAL SERVICES AGREEMENT WITH THE COUNTY OF LOS ANGELES. THE ALLOWANCES FOR DOUBTFUL ACCOUNTS ARE BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS PERIODICALLY THROUGHOUT THE YEAR. MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

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Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE SHORTFALL OF (\$91,841,946) REPORTED IN PART III, LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE THE RATES PAID BY MEDICARE DO NOT ACCURATELY REFLECT THE COST OF CARE PROVIDED BY THE HOSPITALS ACCORDINGLY, THE HOSPITALS MUST SUBSIDIZE THE COST OF CARE PROVIDED TO MEDICARE BENEFICIARIES WITH OTHER REVENUES THE COSTING METHODOLOGY USED TO CALCULATE MEDICARE ALLOWABLE COSTS OF CARE REPORTED ON PART III, LINE 6 WAS USING A COST-TO-CHARGE RATIO

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Form and Line Reference	Explanation
PART III, LINE 9B	AS PART OF THEIR MISSION, THE HOSPITALS PROVIDE SERVICES AND A BROAD ARRAY OF BENEFITS TO THE COMMUNITY. THE HOSPITALS' PATIENT ACCEPTANCE POLICY IS BASED ON THEIR MISSION STATEMENTS AND THEIR COMMUNITY SERVICES RESPONSIBILITIES. ACCORDINGLY, THE HOSPITALS ACCEPT PATIENTS IN IMMEDIATE NEED OF CARE, REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITALS DO NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE BASED ON ESTABLISHED POLICIES OF THE HOSPITALS. THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS DUE FOR ALL OR A PORTION OF THE PATIENT'S BILL. SEE ALSO SCHEDULE H, PART III, LINE 4.

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Form and Line Reference	Explanation
PART VI, LINE 2	<p>NEEDS ASSESSMENT In 2016, Keck Hospital of USC conducted a Community Health Needs Assessment (CHNA) as required by state and federal law California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) direct tax exempt hospitals to conduct a CHNA and develop an Implementation Strategy every three years This CHNA was carried out in partnership with USC Norris Cancer Hospital THE CHNA INCORPORATED COMPONENTS OF PRIMARY DATA COLLECTION AND SECONDARY DATA ANALYSIS THAT FOCUS ON THE HEALTH AND SOCIAL NEEDS OF THE SERVICE AREA SECONDARY DATA WERE COLLECTED FROM A VARIETY OF SOURCES FIFTEEN TARGETED INTERVIEWS GATHERED INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL INTERVIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, OR REGIONAL, STATE, OR LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES THAT HAVE "CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY " INPUT WAS OBTAINED FROM LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH OFFICIALS In 2016, USC Verdugo Hills Hospital conducted a Community Health Needs Assessment (CHNA) as required by state and federal law California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) direct tax exempt hospitals to conduct a CHNA and develop an Implementation Strategy every three years This Community Health Needs Assessment was carried out in partnership with Glendale Adventist Medical Center and Glendale Memorial Hospital and Health Center The CHNA incorporated components of primary data collection and secondary data analysis that focus on the health and social needs of the service area Secondary data were collected from a wide range of local, county, and state sources Two focus groups were convened to obtain information and opinions from 48 persons who represented the broad interests of the community served by the hospital Participants in the focus group included individuals who are leaders and representatives of medically underserved, low-income, minority, and chronic disease populations, or regional, state, or local health or other departments or agencies that have current data or other information relevant to the health needs of the community served by the hospital facility</p>

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Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE USC HOSPITALS SHALL POST NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTANCE PROGRAM THESE NOTICES WILL BE POSTED IN HIGH VOLUME INPATIENT AND OUTPATIENT AREAS OF THE HOSPITALS NOTICES SHALL ALSO BE POSTED IN THE ADMITTING AND FINANCIAL SERVICES DEPARTMENTS EACH HOSPITAL SHALL PROVIDE PATIENTS WITH A WRITTEN DOCUMENT THAT CONTAINS INFORMATION ABOUT AVAILABILITY OF THE HOSPITALS' DISCOUNT PAYMENT AND CHARITY CARE POLICIES, INCLUDING INFORMATION ABOUT ELIGIBILITY, AS WELL AS CONTACT INFORMATION FOR A HOSPITAL EMPLOYEE OR OFFICE FROM WHICH THE PERSON MAY OBTAIN FURTHER INFORMATION ABOUT THESE POLICIES THE NOTICE SHALL ALSO BE PROVIDED TO PATIENTS WHO RECEIVE OUTPATIENT CARE AND WHO MAY BE BILLED FOR THE CARE, BUT WHO WERE NOT ADMITTED THE NOTICE SHALL BE PROVIDED IN ENGLISH, AND IN LANGUAGES OTHER THAN ENGLISH THE LANGUAGES TO BE PROVIDED SHALL BE DETERMINED IN A MANNER SIMILAR TO THAT REQUIRED PURSUANT TO SECTION 12693 30 OF THE INSURANCE CODE (THRESHOLD LANGUAGES ARE SPANISH AND THOSE LANGUAGES SPOKEN BY 5% OF PATIENTS) DATA MAILERS SENT TO PATIENTS AS PART OF THE ROUTINE BILLING PROCESS WILL CONTAIN INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM WRITTEN CORRESPONDENCE TO THE PATIENT REQUIRED BY THIS ARTICLE SHALL ALSO BE IN THE LANGUAGE SPOKEN BY THE PATIENT, CONSISTENT WITH SECTION 12693 30 OF THE INSURANCE CODE AND APPLICABLE STATE AND FEDERAL LAW AT USC VERDUGO HILLS HOSPITAL, THE FAIR PRICING POLICY IS DESCRIBED TO PATIENTS AND FAMILIES UPON REGISTRATION THE POLICY IS POSTED AND FORMS ARE MAILED TO PATIENTS AT TIME OF INITIAL BILLING THE HOSPITALS ALSO ASSIST PATIENTS WITH UNDERSTANDING AND LINKING THEM TO MEDI-CAL</p>

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Form and Line Reference	Explanation
PART VI, LINE 4	<p>COMMUNITY INFORMATION KECK HOSPITAL OF USC KECK HOSPITAL OF USC IS LOCATED EAST OF DOWNTOWN LOS ANGELES ON USC'S HEALTH SCIENCES CAMPUS THE HOSPITAL DRAWS PRIMARILY ADULT PATIENTS REGIONALLY FROM SOUTHERN CALIFORNIA, WITH A PRIMARY SERVICE AREA OF LOS ANGELES COUNTY, CALIFORNIA USC NORRIS CANCER HOSPITAL IS ALSO LOCATED EAST OF DOWNTOWN LOS ANGELES ON USC'S HEALTH SCIENCES CAMPUS AS A RESULT OF ITS GROUNDBREAKING WORK IN CANCER RESEARCH AND TREATMENT, THE HOSPITAL DRAWS PATIENTS FROM THROUGHOUT THE STATE, NATIONALLY, AND INTERNATIONALLY FOR THE PURPOSE OF THE NEEDS ASSESSMENT, THE PRIMARY SERVICE AREA HAS BEEN IDENTIFIED AS LOS ANGELES COUNTY, CALIFORNIA The population of L A County is 9,974,203 Children and youth (ages 0-17) make up 23 6% of the population, 40 2% are 18-44 years of age, 24 7% are 45-64, and 11 5% of the population are older adults, 65 years of age and older The majority population race/ethnicity in the Los Angeles County is Hispanic or Latino (48 1%) Whites make up 27 2% of the population Asians comprise 13 8% of the population, and African Americans are 8% of the population Native Americans, Hawaiians, and other races combined total 2 8% of the population In LA County, Spanish is spoken in 39 4% of the homes, 43 2% of the residents speak English only, and 10 8% speak an Asian language Educational attainment is considered a key driver of health status, with low levels of education linked to poverty and poor health In the county, 76 8% of the adult population, 25 years and older, have obtained a high school diploma or higher education This is lower than the state rate of 81 5% The rate of poverty in the county is 18 4%, which is higher than the state overall(16 4%) Poverty increases for the population at or below 200% of FPL as 40 9% of county residents are at 200% of FPL In Los Angeles County, children suffer with higher rates of poverty than the general population In the service area, 26% of children, under age 18 years, are living in poverty Among families where there is a female head of household and children under 18 years old, 38 9% in the county live in poverty USC VERDUGO HILLS HOSPITAL USC Verdugo Hills Hospital is located at 1812 Verdugo Boulevard, Glendale, California 91208 The hospital serves the communities of Altadena, Eagle Rock, Glendale, Highland Park, La Caada Plintridge, La Crescenta, Montrose, Pasadena, Sunland, Sylmar, Tujunga, and Verdugo City The population of the service area is 555,265 Children and youth (ages 0-17) make up 20 8% of the population, 36 5% are 18-44 years of age, 27 9% are 45-64, and 14 8% of the population are older adults, 65 years of age and older The racial/ethnic composition of the area is highly diverse and geographically concentrated Over half of the population (54%) in the city of Glendale is foreign born, with large concentrations of Armenian and Mexican immigrants Overall, 61% of households in the service area do not speak English at home 44% of households in the Glendale ZIP codes reported speaking an Indo-European language at home, while 57% to 63% of households in Highland Park and Sylmar reported speaking Spanish at home Educational attainment is considered a key driver of health status with low levels of education linked to poverty and poor health In the service area, 84 5% of the adult population, 25 years and older, have obtained a high school diploma or higher education This is higher than the state rate of 81 5% The unemployment rate in the service area was 7 5% however, in some locations, (Highland Park and areas of Glendale) (ZIP Codes 91204 and 91205), the unemployment rates were up to 9 5% Overall, a lower percentage of families in the service area live below poverty (11%) than in the county overall(15%), and 8% of families with children live below poverty in the service area</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH GRANTS, CASH CONTRIBUTIONS AND SPONSORSHIPS TO COMMUNITY NON PROFIT ORGANIZATIONS AND CHARITY EVENTS WERE MADE TO -DORR INSTITUTE FOR ARTHRITIS OPERA TION WALK -PROYECTO PASTORAL -COME READ WITH ME -USC NORRIS COMPREHENSIVE CANCER CENTER -N ATIONAL HEALTH FOUNDATION PATHWAY RECUPERATIVE CARE AND BRIDGE HOUSING PROGRAM -ADDITIONAL SUPPORT AND IN-KIND DONATIONS TO COMMUNITY PARTNERS, INCLUDING CHARITY EVENTS AND EVENT S PONSORSHIPS COMMUNITY HEALTH IMPROVEMENT SERVICES KECK HOSPITAL OF USC Community Health Education Health education classes and events were made available to the public at no cost Community health education targeted the community at large, populations with, or at risk of, chronic disease, and populations with health disparities Examples of community health education activities included - Keck Hospital of USC hosted education seminars and work shops on a variety of topics open to the public and provided health education informational materials - Public health education in the media and community health awareness events to encourage healthy behaviors and prevent chronic and communicable diseases - The community was served by a number of support groups, open to the public and offered free of charge, which included -Caregiver Support Group -Deep Brain Stimulation Support Group -Mindfulness Support Group -Parkinsons Support Group -Pulmonary Hypertension Support Group -Stroke Support Group -Transplant Recipient and Caregiver Support -Ventricular Assist Device (VAD) Support Group - The hospital supported a twice monthly Farmers Market at Hazard Park in East Los Angeles by providing fresh fruits and vegetables to local families They also hosted a Farmers Market twice a month on the campus of the Keck School of Medicine located in Boyle Heights - The 20th Proyecto Pastoral Womens Health Conference was held at the Dolores Mission in Boyle Heights Keck Medicine of USC was a sponsor of this years event Over 400 women attended workshops and lectures that focused on health, wellness, and personal empowerment Blood pressure screenings were provided to 80 attendees - Sidewalk education events at LAC+USC and Union Station provided disease prevention education - The annual Carnival of Love on Skid Row provided services for homeless Los Angeles residents Keck Medicine of USC participated and distributed hygiene kits, sunscreen, health education materials, and blood pressure screening for 175 persons Community Based Clinical Services - The Roxanna Todd Hodges Stroke Clinic offered screening events in the community that provided blood pressure screening for 101 persons In addition to the screenings, health education was provided on stroke prevention - At the Mariachi Festival held in Boyle Heights, Keck Hospital of USC nurses provided flu shots, blood pressure checks, and health education A pproximately 500 persons received health information and resources - Keck Medicine of USC supported the Health Pavilion at the 2017 Los Angeles Times Festival of Books, attracting tens of thousands of guests for a weekend of screenings and health-related activities - LA Marathon the hospitals and doctors of USC provided medical support and supplies for the runners in the LA Marathon Health Care Support Services - Taxi vouchers were made available to patients and families for whom accessing transportation is a barrier to obtaining care - Keck Medicine of USC provided access to an electronic health library available to the public on its website The site provided information on health conditions, wellness, and prevention USC NORRIS CANCER HOSPITAL Community Health Education Health education classes and events were made available to the public at no cost Community health education targeted the community at large, populations with, or at risk of, chronic disease, and populations with health disparities Examples of community health education activities included - USC Norris Cancer Hospital hosted education seminars and workshops on a variety of topics open to the public and provided health education informational materials - Public health education in the media and community health awareness events to encourage healthy behaviors and prevent cancer - The community was served by a number of support groups, open to the public and offered free of charge, which included -Bladder Cancer Support Group -Car egiver Support Group -For Men Only Prostate Cancer Support Group -Lung Cancer Support Group -Mindfulness Support Group - Look Good Feel Better is an American Cancer Society-affiliated program open to all women with cancer who are undergoing chemotherapy, radiation, or other forms of treatment - The hospital supported a twice monthly Farmers Market at Hazard Park in East Los Angeles by providing fresh fruits and vegetables to local families They also hosted a Farmers Market twice a month on the campus of the Keck School of Medicine located in Boyle Heights - The 20th Proyecto Pasto</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>ral Womens Health Conference was held at the Dolores Mission in Boyle Heights Keck Medicine of USC was a sponsor of this years event Over 400 women attended workshops and lectures that focused on health, wellness, and personal empowerment Blood pressure screenings were provided to 80 attendees - Sidewalk education events at LAC+USC and Union Station provided disease prevention education - The annual Carnival of Love on Skid Row provided services for homeless Los Angeles residents Keck Medicine of USC participated and distributed hygiene kits, sunscreen, health education materials, and blood pressure screening for 175 persons Community Based Clinical Services - The Roxanna Todd Hodges Stroke Clinic offered screening events in the community that provided blood pressure screening for 101 persons In addition to the screenings, health education information on stroke prevention was provided - At the Mariachi Festival held in Boyle Heights, Keck Hospital of USC nurses provided flu shots, blood pressure checks, and health education Approximately 500 persons received health information and resources - LA Marathon the hospitals and doctors of USC provided medical support and supplies for the runners in the LA Marathon - Festival of Life the annual Festival of Life celebration was hosted by USC Norris Cancer Hospital and touched the lives of over 1,000 participants The Festival is a celebration held for cancer survivors and their families and is open to the public The Festival included inspirational speakers, testimonials, cancer prevention, and treatment information, as well as other event s Health Care Support Services - Taxi vouchers were made available to patients and families for whom accessing transportation is a barrier to obtaining care - Keck Medicine of USC provided access to an electronic health library available to the public on its website The site provided information on health conditions, wellness, and prevention - CancerHelp is a computer-based cancer education program from the National Cancer Institute This program is available to patients, staff and the public - The Patient Education and Community Outreach Center (PEOC) and Jennifer Diamond Cancer Resource Library is a state-of-the-art facility with print and electronic cancer education and resource materials devoted to patients, their families and community members seeking information on cancer The center also provides outreach activities and conducts informational programs relevant to the communities it serves - The Image Enhancement Center assists with appearance and body image issues as a result of cancer treatment Services are open to the community and include mastectomy prosthesis fittings The Center engages a Mastectomy Fitter In the past year, the Center provided 73 post-surgical breast prosthesis fittings and 64 wig fittings USC VERDUGO HILLS HOSPITAL Community Health Education Health Education Seminars The hospital made health education sessions available to the public and health care professionals Sessions addressed disease prevention and health and wellness, including infant care, cancer treatment, art therapy, GERD, pain management, organ donation, cancer, fitness, nutrition, senior fall prevention, suicide prevention, mens and womens health, childbirth preparation, and orthopaedic care Health education seminars reached over 2,775 persons Community CPR Classes available to the community included hands free CPR, infant CPR, CPR renewal and CPR instructor training, 561 persons were reached BEGINNINGS Early Pregnancy Class As part of the hospitals Family Education Program, classes addressed pregnancy-related health topics including nutrition, common discomforts of pregnancy, relaxation techniques, and babys development in the womb, 94 individuals attended Classes were offered monthly and were open to the public A decision to deliver at the hospital was not required to participate</p>

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Form and Line Reference	Explanation
New Mothers Forum Support Group	<p>Weekly discussion groups were open to the public and helped new mothers ease through the adjustments of motherhood. The support group was facilitated by a family education program instructor, 446 individual encounters were provided. Breastfeeding Support Group and Workshops Support groups and workshops offered breast-feeding advice and support to new mothers. The support groups were facilitated by a lactation specialist. Open and free to the public, babies in arms were welcomed. A total of 882 encounters were documented. Bariatric Support Meeting Led by bariatric surgeons, free monthly support meetings were offered. Community members learned ways to improve their quality of life through reaching their weight-loss goals and decrease health risk factors that lead to obesity. This program reached over 44 individuals. Community Support Groups and Meetings Health and wellness support groups and programs for local organizations encompassing a variety of health, quality of life, and philanthropic issues met regularly at the hospital. Health Fairs and Health Awareness Events The hospital participated in community events, provided first aid, and hosted educational booths, providing the public with information on risk prevention and disease management. USC Verdugo Hills Hospital hosted its annual Health and Wellbeing Fair and participated in the Glendale Health Festival, CalTech Health Fair, JPL Health and Safety Fair, and YMCA of the Foothills Senior Health Fair. The hospital provided health education, resource information and referrals to health and community services. In addition, they provided blood pressure screenings for 230 persons, cholesterol and glucose screenings for 120 persons, vision screenings for 120 persons, and balance screenings for 42 persons. In conjunction with the Roxana Todd Hodges Foundation, carotid artery screening was provided for 75 persons. Community Based Clinical Services La Caada Unified School District TB Tests USC Verdugo Hills Hospital, together with the La Caada Parent Teacher Association (PTA) Council, administered free TB screenings to La Caada Unified School District (LCUSD) parent volunteers. This community program screened 204 persons. Influenza Immunization Clinic USC Verdugo Hills Hospital offered free flu vaccines in the community, 189 vaccines were administered. Mammogram Screenings USC Verdugo Hills Hospital provided 30 free mammogram screenings for women in La Caada Flintridge, Glendale, and Montrose. Health Care Support Services Transportation Services Transportation is a documented barrier to accessing health care services. The hospital paid for taxi vouchers, ambulance services, and van transportation for low-income patients and families who could not afford transportation to obtain needed health care services. PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM THE ORGANIZATION SPONSORS NUMEROUS OUTREACH PROGRAMS THROUGHOUT THE LOCAL COMMUNITY, INCLUDING HEALTH FAIRS, FREE HEALTH SCREENINGS AND FLU SHOTS, EDUCATIONAL BOOTHS, AND SPEAKER SERIES THAT ARE FREE AND OPEN TO THE PUBLIC. IN ADDITION, THE PHYSICIAN FACULTY OF THE KECK SCHOOL OF MEDICINE PROVIDE HEALTH CARE SERVICES TO INDIGENT PATIENTS OF THE COUNTY OF LOS ANGELES THROUGH A CONTRACTUAL RELATIONSHIP WITH THE COUNTY. THESE PATIENTS ARE OFFERED ACCESS TO A WIDE VARIETY OF TREATMENTS THROUGH CLINICAL TRIALS THAT THEY NORMALLY WOULD NOT HAVE ACCESS TO ABSENT THE RELATIONSHIP BETWEEN THE COUNTY AND USC.</p>

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Form and Line Reference	Explanation
PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT A COMMUNITY BENEFIT REPORT FOR EACH HOSPITAL IS FILED IN CALIFORNIA

Additional Data

Software ID:
Software Version:
EIN: 95-1642394
Name: University of Southern California

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	KECK HOSPITAL OF USC 1500 SAN PABLO STREET LOS ANGELES, CA 90089 WWW KECKMEDICINE ORG 930000459	X	X		X		X				A
2	USC NORRIS CANCER HOSPITAL 1441 EASTLAKE AVENUE LOS ANGELES, CA 90089 WWW CANCER KECKMEDICINE ORG 930000267	X	X		X		X				A
3	USC VERDUGO HILLS HOSPITAL 1812 VERDUGO BLVD GLENDALE, CA 91208 www uscvhh org 930000173	X	X					X			B

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
A	<p>FACILITY REPORTING GROUP A KECK HOSPITAL OF USC & USC NORRIS CANCER HOSPITAL PART V, SECTI ON B, LINE 5 FIFTEEN TARGETED INTERVIEWS (DURING FEBRUARY & MARCH 2016) WERE USED TO GATH ER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNIT Y SERVED BY THE HOSPITALS INTERVIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND REPRESENT ATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS, OR REGIONAL, STATE OR L OCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES THAT HAVE "CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITIES " COMMUNIT Y INPUT WAS OBTAINED FROM REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS CLINICIA MONSE NOR OSCAR A ROMERO USC MRS T H CHAN DIVISION OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERA PY SOUTHERN CALIFORNIA CLINICAL & TRANSLATIONAL SCIENCE INSTITUTE EAST LA COMMUNTY CORPORA TION USC PRICE SCHOOL OF PUBLIC POLICY KECK HOSPITAL USC NORRIS CANCER HOSPITAL CALIFORNIA DIVISION, AMERICAN CANCER SOCIETY LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH LA COUNT Y DEPARTMENT OF HEALTH SERVICES AMBULATORY CARE NETWORK USC DIVISION OF BIKINESIOLOGY AND PHYSICAL THERAPY AT THE OSTROW SCHOOL OF DENTISTRY WESPARK CANCER SUPPORT CENTER PROYECTO PASTORAL DR FRANCISCO BRAVO MEDICAL MAGNET HIGH SCHOOL USC HEALTH SCIENCES CAMPUS COMMUN ITY PARTNERSHIPS IDREAM FOR RACIAL HEALTH EQUITY Secondary data were collected from a vari ety of sources to present Los Angeles County demographic profile, social and economic fact ors, health access, mortality, birth characteristics, chronic disease, health behaviors, m ental health, substance abuse, and preventive practices Sources of data include the U S Census American Community Survey, the California Health Interview Survey, the California D epartment of Public Health, the California Employment Development Department, the Los Ange les County Health Survey, the Los Angeles Homeless Services Authority, the Uniform Data Sys tem, the National Cancer Institute, the California Department of Education, and others W hen pertinent, these data sets are presented in the context of California State PART V, S ECTION B, LINE 6(A) THE CHNA WAS CONDUCTED FOR KECK HOSPITAL OF USC AND USC NORRIS CANCER HOSPITAL PART V, SECTION B, LINE 11 THE IMPLEMENTATION STRATEGY ADOPTED BY EACH HOSPITA L ACTIVELY ADDRESSES THE HEALTH NEEDS THAT WERE IDENTIFIED IN THE CHNA AS "PRIORITY HEALTH NEEDS " THE NEEDS THAT WILL BE ADDRESSED BY KECK HOSPITAL OF USC THROUGH ITS COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES ARE - ACCESS TO CARE - CHRONIC DISEASES - OVERWEIGHT/OBESIT Y THE NEEDS THAT WILL BE ADDRESSED BY USC NORRIS CANCER HOSPITAL THROUGH ITS COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES ARE - CANCER - ACCESS TO CARE - CHRONIC DISEASES - OVERWEIGH T/OBESITY The Implementation Strategies adopted by Keck Hospital of USC and Norris Cancer Hospital actively address health needs that were identified in the CHNA as priority health needs Keck Hospital of USC a</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
A	<p>nd Norris Cancer Hospital plan to meet the identified priority health needs through a comm itment of resources with specific programs and services For each health need the hospital plans to address, the Implementation Strategy for each hospital describes actions the ho spitals intend to take, including programs and resources they plan to commit, planned coll aboration between the hospitals and community organizations, and anticipated impacts of th ese actions Certain other health needs were identified but are not specifically addressed in the Implementation Strategy These include, for example dental health, mental health, community safety, STDs and substance abuse While the hospitals address these issues on a day to day basis in the normal course of operations, they have chosen not to focus these Implementation Plans on these other needs because they believe they can have a greater imp act on the priority health needs selected These other health needs are less aligned with the Hospitals' strategic initiatives PART V, SECTION B, LINE 16(A)-(C) WWW KECKMEDICINE ORG/FINANCIAL-ASSISTANCE-PROGRAM/ PART V, SECTION B, LINE 16(J) PLEASE REFER TO PATIENT E DUCATION OF ELIGIBILITY FOR ASSISTANCE IN PART VI PART V, SECTION B, LINE 20(E) THE HOSP ITALS NOTIFIED INDIVIDUALS OF THE FINANCIAL ASSISTANCE POLICY IN COMMUNICATIONS WITH THE I NDIVIDUALS REGARDING THE INDIVIDUALS' BILLS</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
B	<p>FACILITY REPORTING GROUP B USC VERDUGO HILLS HOSPITAL PART V, SECTION B, LINE 5 Two community focus groups held on Tuesday, April 5 and Thursday, April 7, 2016 were attended by 48 people including health care professionals, social service providers, city and public health officials, members from the local police department and other community leaders. Participants were invited by the Glendale Hospital Collaborative, leveraging its extensive networks and relationships within the greater Glendale area and the Glendale Healthier Community Coalition. These stakeholders represented a broad range of geographic, public health, and population interest in compliance with the ACA. The goal of this component of the CHNA was to identify broad health outcomes and drivers (which, combined are health needs), as well as assets and gaps in resources, through the perceptions and knowledge of varied and multiple stakeholders. The CHNA included the collection of over 300 data indicators that helped illustrate the health states of the community. Secondary data were collected from a wide range of local, county, state, and national sources to present demographics, mortality, morbidity, health behaviors, clinical care, social and economic factors, and physical environment. These categories are based on the Mobilizing Action Toward Community Health (MATCH) framework, which illustrates the interrelationships among the elements of health and their relationship to each other social and economic factors, health behaviors, clinical care, physical, environmental, and health outcomes.</p> <p>COMMUNITY INPUT WAS OBTAINED FROM REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS: GLENDALE FIRE DEPARTMENT, YWCA OF GLENDALE, FAMILIAR PROMISE OF THE VERDUGOS, DIGNITY HEALTH, GLENDALE MEMORIAL HOSPITAL, GLENDALE ADVENTIST MEDICAL CENTER, PLANNED PARENTHOOD, PASADENA & SAN GABRIEL VALLEY, GLENDALE COMMUNITY COLLEGE, COMMUNITY FOUNDATION OF THE VERDUGOS, GLENDALE CHAMBER OF COMMERCE, CITY OF GLENDALE, ASCENSIA CALIFORNIA STATE UNIVERSITY, NORTHRIDGE, DIDI HIRSCH MENTAL HEALTH SERVICES, GLENDALE COMMUNITY FREE HEALTH CLINIC, WELLNESS WORKS, AMERICAN DIABETES ASSOCIATION, PARTNERS IN CARE FOUNDATION, HEALTHCARE MANAGEMENT SERVICES, LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, SPA 1&2, ARMENIAN RELIEF SOCIETY, SEPAN CHAPTER, BLUE SHIELD OF CALIFORNIA, GLENDALE COMMUNITY SERVICES AND PARKS, LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, THE CAMPBELL CENTER, AMERICAN CANCER SOCIETY, BOY SCOUTS OF AMERICA, VERDUGO HILLS COUNCIL, AMERICAN RED CROSS, GLENDALE CHAPTER, GLENDALE NEWS PRESS, ARMENIAN AMERICAN MEDICAL SOCIETY, PARTNERS IN CARE FOUNDATION, PACIFIC CLINICS, HEALTH SERVICES ADVISORY GROUP, DOOR OF HOPE, GLENDALE POLICE DEPARTMENT, CITY OF GLENDALE, YMCA OF THE FOOTHILLS, GLENDALE COMMUNITIES INITIATIVE, GLENDALE HEALTHY KIDS, USC VERDUGO HILLS HOSPITAL, YMCA PART V, SECTION B, LINE 6(A), VERDUGO HILLS HOSPITAL COLLABORATED WITH Glendale Adventist Medical Center and Glendale Memorial Hospital and Health Center to work with the Center.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
B	<p>er for Nonprofit Management consulting team in conducting the Community Health Needs Assessment PART V, SECTION B, LINE 11 The significant health needs identified from the CHNA were prioritized by community stakeholders through a structured process using defined criteria This Implementation Strategy focuses on the priority health needs that will be addressed by USC Verdugo Hills Hospital through its community benefit programs and activities They are - Access to care - Cancer - Diabetes - Mental health - Overweight/obesity The Implementation Strategy adopted by USC Verdugo Hills Hospital actively addresses health needs that were identified in the CHNA as priority health needs USC Verdugo Hills Hospital plans to meet the identified priority health needs through a commitment of resources with specific programs and services For each health need the hospital plans to address, the Implementation Strategy describes actions the hospital intends to take, including programs and resources it plans to commit, planned collaboration between the hospital and community organizations, and anticipated impacts of these actions In addition to the specific strategies for the selected priority health needs, USC Verdugo Hills Hospital will investigate the development of a community grants program to provide financial and in-kind support to community organizations addressing these needs Other health needs were identified but are not specifically addressed in the Implementation Strategy These include cardiovascular disease, geriatric support, communicable/infectious diseases, dental care, homelessness/housing, poverty, preventive wellness, STDs, substance abuse, transportation, and violence/injury While these issues are addressed on a day-to-day basis in the normal course of operations, the hospital has chosen not to focus this Implementation Plan on these other needs as it believes that it can have a greater impact on the priority health needs that were selected These other health needs are less aligned with the Hospital's strategic initiatives Additionally, while some of these needs are not being directly addressed, it should also be noted that health needs can influence one another For example, reducing weight and improving nutrition and physical activity have been shown to positively influence cardiovascular disease PART V, SECTION B, LINE 16(A)-(C) HTTPS://USCVHH.ORG/PATIENTS-AND-VISITORS/FINANCIAL-INFORMATION PART V, SECTION B, LINE 16(J) PLEASE REFER TO PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE IN PART VI PART V, SECTION B, LINE 20(E) THE HOSPITALS NOTIFIED INDIVIDUALS OF THE FINANCIAL ASSISTANCE POLICY IN COMMUNICATIONS WITH THE INDIVIDUALS REGARDING THE INDIVIDUALS' BILLS</p>

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
University of Southern California

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part I

General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to 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 organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 21
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) STUDENT FINANCIAL AID	21661		510,550,672	N/A	N/A
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I	<p>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 CONSORTIUM OF CENTRAL LA (ECCLA) accounting records THE UNIVERSITY OF SOUTHERN CALIFORNIA ADMINISTERS ONE OF THE NATION'S LARGEST FINANCIAL AID PROGRAMS THROUGH ITS FINANCIAL AID OFFICE, AWARDING \$510 MILLION IN AID TO OVER TWO-THIRDS 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 FINANCIAL ASSISTANCE AND TO BE CONSIDERED FOR FINANCIAL AID PART II THE UNIVERSITY OF SOUTHERN CALIFORNIA ALSO 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 REFLECTED ON STUDENT ACCOUNTS</p>

Additional Data

Software ID:
Software Version:
EIN: 95-1642394
Name: University of Southern California

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 727 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	125,000				GENERAL SUPPORT
24TH STREET THEATRE 1117 W 24TH ST LOS ANGELES, CA 90007	95-4607337	501(C)(3)	44,400				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PARTNERS 1000 N ALAMEDA ST LOS ANGELES, CA 90012	95-4302067	501(C)(3)	1,012,625				GENERAL SUPPORT
COMMUNITY SERVICES UNLIMITED PO BOX 62696 LOS ANGELES, CA 90062	95-3218396	501(C)(3)	30,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CICLAVIA 525 S HEWITT ST LOS ANGELES, CA 90013	27-3428380	501(C)(3)	5,530				GENERAL SUPPORT
BREED STREET SHUL PROJECT INC PO BOX 33411 LOS ANGELES, CA 90033	95-4828764	501(C)(3)	19,827				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGACY LA YOUTH DEVELOPMENT CORP 1350 N SAN PABLO ST LOS ANGELES, CA 90033	01-0960970	501(C)(3)	74,500				GENERAL SUPPORT
THE JESTER & PHARLEY PHUND PO BOX 817 PALOS VERDES ESTATES, CA 90274	95-4785834	501(C)(3)	23,800				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED UNIVERSITY CHURCH 817 W 34TH ST LOS ANGELES, CA 90089	95-3775859	501(C)(3)	7,800				GENERAL SUPPORT
CLINICA MSR OSCAR A ROMERO 123 S ALVARADO ST LOS ANGELES, CA 90057	95-3881333	501(C)(3)	32,900				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL HEALTH FOUNDATION 515 S FIGUEROA 1300 LOS ANGELES, CA 90071	23-7314808	501(C)(3)	25,000				GENERAL SUPPORT
PROYECTO PASTORAL 135 N MISSION RD LOS ANGELES, CA 90033	95-3213958	501(C)(3)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROCERYSHIPS 836 WESTHOLM AVE LOS ANGELES, CA 90024	46-4312265	501(C)(3)	20,000				GENERAL SUPPORT
HOLLENBECK POLICE ACTIVITIES LEAGUE 126 N ST LOUIS ST LOS ANGELES, CA 90033	01-0780689	501(C)(3)	29,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUMPSTART FOR YOUNG CHILDREN INC 1625 W OLYMPIC BLVD LOS ANGELES, CA 90015	04-3262046	501(C)(3)	15,675				GENERAL SUPPORT
LA COUNTY USC MEDICAL CENTER AUXILIARY 1200 N STATE ST LOS ANGELES, CA 90033	23-7036745	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN HEIGHTS BENEFIT ASSOCIATION OF LA 2716 N Broadway 207 Los Angeles, CA 90031	61-1588413	501(C)(3)	20,000				GENERAL SUPPORT
Network FOR TEACHING ENTREPRENEURSHIP 350 S BIXEL ST STE 280 LOS ANGELES, CA 90017	13-3408731	501(C)(3)	12,855				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESSFRIENDS 2242 ESTRIBO DR ROLLING HILLS ESTATES, CA 90274	46-4364939	501(C)(3)	6,250				GENERAL SUPPORT
REDEEMER COMMUNITY PARTNERSHIP 1438 W JEFFERSON BLVD LOS ANGELES, CA 90007	91-2144336	501(C)(3)	22,575				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UAW - LABOR EMPLOYMENT and TRAINING CORP 11010 ARTESIA BLVD CERRITOS, CA 90703	95-3929756	501(C)(3)	25,000				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.

2015
Open to Public Inspection

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

Name of the organization University of Southern California	Employer identification number 95-1642394
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	No								
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	Yes								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 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:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 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:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	Yes								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	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.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A AND LINE 1B	<p>FIRST-CLASS TRAVEL THE UNIVERSITY OF SOUTHERN CALIFORNIA REQUIRES THAT ECONOMY-CLASS (COACH) TRAVEL BE UTILIZED FOR 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 2016 INCLUDED SIX OFFICERS, FIVE KEY EMPLOYEES, THREE HIGHEST COMPENSATED EMPLOYEES AND ONE FORMER KEY EMPLOYEE CHARTER TRAVEL THE UNIVERSITY OF SOUTHERN CALIFORNIA UTILIZES CHARTER TRAVEL ON OCCASION FOR ATHLETIC TEAM EVENTS FOR CERTAIN INDIVIDUALS AS PART OF THEIR OFFICIAL RESPONSIBILITIES TO THE UNIVERSITY OF SOUTHERN CALIFORNIA 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 UTILIZED CHARTER TRAVEL DURING CALENDAR YEAR 2016 INCLUDED FOUR OFFICERS, TWO TRUSTEES, ONE KEY EMPLOYEE, AND ONE HIGHEST COMPENSATED EMPLOYEE TRAVEL FOR COMPANIONS THE UNIVERSITY OF SOUTHERN CALIFORNIA PAYS FOR COMPANION TRAVEL WHEN THERE IS A BUSINESS PURPOSE THE AMOUNT IS NOT REPORTED ON THE EMPLOYEE'S FORM W-2 AS TAXABLE INCOME AS ONLY BUSINESS TRAVEL EXPENSES ARE PAID TO THE EXTENT THERE IS NO BUSINESS PURPOSE, THE EMPLOYEES ARE REQUIRED TO REIMBURSE THE UNIVERSITY FOR COMPANION TRAVEL THE INDIVIDUALS LISTED IN FORM 990, PART VII WHO WERE PROVIDED WITH COMPANION TRAVEL FOR BUSINESS PURPOSES DURING CALENDAR YEAR 2016 INCLUDED THREE OFFICERS, TWO TRUSTEES, ONE KEY EMPLOYEE AND ONE HIGHEST COMPENSATED EMPLOYEE HOUSING ALLOWANCE ONE OFFICER AND ONE FORMER KEY EMPLOYEE RECEIVED A HOUSING ALLOWANCE DURING CALENDAR YEAR 2016 WHICH WAS PROVIDED FOR IN THEIR EMPLOYMENT CONTRACT AND WAS INCLUDED IN TAXABLE COMPENSATION ON FORM W-2 SUCH AMOUNTS ARE REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) RESIDENCE FOR PERSONAL USE LODGING PROVIDED IN THE PRESIDENT'S HOME (A UNIVERSITY BUILDING) TO THE PRESIDENT IS NOT REPORTED ON FORM W-2 AS TAXABLE INCOME AS THE PRESIDENT IS REQUIRED TO ACCEPT SUCH LODGING AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE UNIVERSITY THE RENTAL VALUE OF THE PORTION OF THE PRESIDENT'S HOME THAT IS USED FOR PERSONAL PURPOSES IS INCLUDED AS A NONTAXABLE BENEFIT TO THE PRESIDENT AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (D) 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 OF 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 2016 INCLUDED EIGHT OFFICERS, THREE KEY EMPLOYEES, TWO HIGHEST COMPENSATED EMPLOYEES, ONE FORMER OFFICER AND ONE FORMER KEY EMPLOYEE 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 INDIVIDUALS' 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 2016 INCLUDED SIX OFFICERS, AND ONE HIGHEST COMPENSATED EMPLOYEE ONE OFFICER RECEIVED THE SERVICES OF A CAR AND DRIVER SUCH SERVICES WERE APPROVED AS PART OF HIS EMPLOYMENT CONTRACT, AND THE VALUE OF TAXABLE SERVICES WAS INCLUDED IN HIS FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III)</p>
SCHEDULE J, PART I, LINE 4A	<p>IN CONNECTION WITH THE TERMS OF HIS SEPARATION FROM THE UNIVERSITY, ROBERT ABELES, SENIOR VICE PRESIDENT, EMERITUS, WAS PAID \$725,986 DURING CALENDAR YEAR 2016, WHICH AMOUNT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) SCHEDULE J, PART I, LINE 4B CHRYSOSTOMOS L NIKIAS DURING CALENDAR YEAR 2016, DR CHRYSOSTOMOS L NIKIAS PARTICIPATED IN TWO "DEFINED CONTRIBUTION" NON-QUALIFIED RETIREMENT PLANS, BOTH OF WHICH WERE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE UNDER THE FIRST PLAN, AN AMOUNT EQUAL TO 25% OF DR NIKIAS' BASE SALARY WAS CREDITED BY THE UNIVERSITY TO THE PLAN UNDER THE SECOND PLAN, AN AMOUNT EQUAL TO \$200,000 WAS CREDITED BY THE UNIVERSITY BOTH OF THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) LISA ANN MAZZOCCO THE CHIEF INVESTMENT OFFICER IS ELIGIBLE TO RECEIVE AN ANNUAL AWARD BASED ON A PERCENTAGE OF A PREDESIGNATED TARGET PERFORMANCE FIFTY PERCENT OF EACH ANNUAL INCENTIVE AWARD IS DEFERRED AND PAID AT THE END OF A TWO-YEAR DEFERRAL PERIOD SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE THE PLAN IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE AN ACCRUAL OF \$215,200 HAS BEEN INCLUDED AS DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN (C) FOR CALENDAR YEAR 2016 ALBERT R CHECCIO DURING CALENDAR YEAR 2016, THE SR VP/UNIVERSITY ADVANCEMENT PARTICIPATED IN TWO SUCCESSIVE RETENTION PROGRAMS A PAYMENT IN THE TOTAL AMOUNT OF \$1,000,000 (ACCRUING AT \$250,000 PER YEAR) IS SCHEDULED TO VEST AND BE PAYABLE ON JUNE 30, 2018, AND A PAYMENT OF \$500,000 (ACCRUING AT \$250,000 PER YEAR) IS SCHEDULED TO VEST AND BE PAYABLE ON JUNE 30, 2020, BOTH SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, CONTINGENT UPON CONTINUED EMPLOYMENT AND PERFORMANCE METRICS AN ACCRUAL OF \$250,000, IN CONNECTION WITH THE FIRST RETENTION PROGRAM, HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C) JAMES M STATEN DURING CALENDAR YEAR 2016, SR VP FINANCE/CFO, PARTICIPATED IN A RETENTION PROGRAM A PAYMENT OF \$500,000 (ACCRUING AT \$100,000 PER YEAR) IS SCHEDULED TO VEST AND BE PAYABLE IN 2021 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AN ACCRUAL OF \$100,000 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 EXCEEDS 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 SCHEDULE J, 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 4(B) DISCLOSURE FOR LISA ANN MAZZOCCO</p>
SCHEDULE J, PART I, LINE 8	THE SR VP, FINANCE & CFO IS SERVING UNDER HIS INITIAL CONTRACT WITH THE UNIVERSITY

Additional Data

Software ID:
Software Version:
EIN: 95-1642394
Name: University of Southern California

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CHRYSOSTOMOS L NIKIAS PRESIDENT/Trustee	(i)	1,331,610	0	273,728	639,800	163,609	2,408,747	0
	(ii)	0	0	0	0	0	0	0
2Michael Quick PROVOST/SR VP ACADEMIC AFFAIRS	(i)	630,151	50,000	125,689	26,500	11,749	844,089	0
	(ii)	0	0	0	0	0	0	0
3JAMES M STATEN SR VP, FINANCE & CFO	(i)	1,235,442	100,000	92,009	126,500	24,852	1,578,803	0
	(ii)	0	0	0	0	0	0	0
4ALBERT R CHECCIO SR VP, UNIVERSITY ADVANCEMENT	(i)	549,073	150,000	191,334	276,500	9,784	1,176,691	0
	(ii)	0	0	0	0	0	0	0
5TODD R DICKEY SR VP, ADMINISTRATION	(i)	595,071	100,000	86,873	26,500	11,735	820,179	0
	(ii)	0	0	0	0	0	0	0
6THOMAS S SAYLES SR VP, UNIV relations	(i)	374,603	100,000	40,422	26,500	10,999	552,524	0
	(ii)	0	0	0	0	0	0	0
7CAROL MAUCH AMIR SVP & GEN COUNSEL/SECRETARY	(i)	530,480	100,000	67,376	26,500	30,176	754,532	0
	(ii)	0	0	0	0	0	0	0
8THOMAS E JACKIEWICZ SVP & CEO FOR KECK MEDICINE	(i)	1,325,384	360,000	344,738	26,500	13,927	2,070,549	0
	(ii)	0	0	0	0	0	0	0
9ROBERT ABELES SENIOR VICE PRESIDENT EMERITUS	(i)	416,489	50,000	756,401	26,500	10,527	1,259,917	0
	(ii)	0	0	0	0	0	0	0
10STEVE A KAY SEE SCHEDULE O FOR TITLE	(i)	329,848	0	29,789	26,500	3,932	390,069	0
	(ii)	0	0	0	0	0	0	0
11LISA ANN MAZZOCCO Chief Investment Officer	(i)	634,324	464,435	119,510	241,700	24,124	1,484,093	246,000
	(ii)	0	0	0	0	0	0	0
12ROHIT VARMA MD SEE SCHEDULE O FOR TITLE	(i)	1,136,360	350,000	142,897	26,500	19,962	1,675,719	0
	(ii)	0	0	0	0	0	0	0
13CARMEN A PULIAFITO MD SEE SCHEDULE O FOR TITLE	(i)	847,104	124,000	99,442	26,500	27,116	1,124,162	0
	(ii)	0	0	0	0	0	0	0
14JAMES G ELLIS DEAN-MARSHALL SCHOOL OF BUS	(i)	527,159	75,000	34,625	26,500	19,144	682,428	0
	(ii)	0	0	0	0	0	0	0
15YANNIS C YORTSOS DEAN-VITERBI SCHOOL OF ENG	(i)	382,984	56,000	62,128	26,500	29,607	557,219	0
	(ii)	0	0	0	0	0	0	0
16DANI BYRD SEE SCHEDULE O FOR TITLE	(i)	360,174	50,000	35,367	26,500	87,555	559,596	0
	(ii)	0	0	0	0	0	0	0
17AMBER MILLER SEE SCHEDULE O FOR TITLE	(i)	212,237	25,000	1,488	0	4,849	243,574	0
	(ii)	0	0	0	0	0	0	0
18VAUGHN A STARNES MD CHAIR & DIST PROF SURGERY	(i)	2,586,048	0	253,609	26,500	30,171	2,896,328	0
	(ii)	0	0	0	0	0	0	0
19PATRICK C HADEN SEE SCHEDULE O FOR TITLE	(i)	1,472,203	1,000,000	260,539	26,500	27,197	2,786,439	0
	(ii)	0	0	0	0	0	0	0
20INDERBIR SINGH GILL MD PROF & CHAIR - UROLOGY	(i)	2,099,059	0	455,010	26,500	82,735	2,663,304	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 CHARLES HELTON HEAD FOOTBALL COACH	(i)	2,267,774	30,500	249,530	26,500	51,661	2,625,965	0
	(ii)	0	0	0	0	0	0	0
1 LOUIS A VANDERMOLLEN MD PROFESSOR OF CLINICAL MEDICINE	(i)	2,225,853	0	197,162	26,500	22,341	2,471,856	0
	(ii)					-	-	

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service
 Name of the organization
 University of Southern California

Employer identification number
 95-1642394

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CEFA - SERIES 2009C	52-1705592	130178TF3	07-09-2009	91,457,316	REFINANCING SERIES 1998A AND 1999		X		X		X
B CEFA - SERIES 2012A	52-1705592	130178R81	08-29-2012	52,904,681	REFINANCING SERIES 2003A&C		X		X		X
C CEFA - SERIES 2015A	52-1705592	1301786D3	07-07-2015	53,127,773	REFINANCING SERIES 2005A		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	4,881,235	4,895,235	1,951,557	
2 Amount of bonds legally defeased	0	0	0	
3 Total proceeds of issue	91,457,316	52,904,681	53,127,773	
4 Gross proceeds in reserve funds	0	0	0	
5 Capitalized interest from proceeds	0	0	0	
6 Proceeds in refunding escrows	0	0	0	
7 Issuance costs from proceeds	734,160	574,965	496,785	
8 Credit enhancement from proceeds	0	0	0	
9 Working capital expenditures from proceeds	0	0	0	
10 Capital expenditures from proceeds	0	0	0	
11 Other spent proceeds	90,723,156	52,329,716	52,630,988	
12 Other unspent proceeds	0	0	0	
13 Year of substantial completion				
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?				X	X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X			
c Are there any research agreements that may result in private business use of bond-financed property?			X		X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 220 %		0 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶					0 060 %			
6 Total of lines 4 and 5			0 220 %		0 060 %			
7 Does the bond issue meet the private security or payment test?				X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?				X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X			
b Exception to rebate?	X			X		X		
c No rebate due?		X	X			X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART IV, LINE 2(C)	FOR CEFA-SERIES 2012A, NO FURTHER CALCULATIONS ARE NECESSARY AS ALL EARNINGS HAVE BEEN SPENT

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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.

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization University of Southern California

Employer identification number

95-1642394

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$ 24,157,316

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data**Software ID:****Software Version:****EIN:** 95-1642394**Name:** University of Southern California**Form 990, Schedule L, Part II - Loans to and from Interested Persons**

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ALBERT CHECCIO	EMPLOYEE	HOUSING LOAN		X	500,000	400,000		No	Yes		Yes	
ALBERT CHECCIO	EMPLOYEE	HOUSING LOAN		X	500,000	479,380		No	Yes		Yes	
THOMAS JACKIEWICZ	EMPLOYEE	HOUSING LOAN		X	700,000	420,000		No	Yes		Yes	
THOMAS JACKIEWICZ	EMPLOYEE	HOUSING LOAN		X	800,000	744,967		No	Yes		Yes	
STEVE KAY	EMPLOYEE	HOUSING LOAN		X	500,000	500,000		No	Yes		Yes	
STEVE KAY	EMPLOYEE	HOUSING LOAN		X	500,000	493,886		No	Yes		Yes	
AMBER MILLER	EMPLOYEE	HOUSING LOAN		X	500,000	500,000		No	Yes		Yes	
AMBER MILLER	EMPLOYEE	HOUSING LOAN		X	500,000	489,706		No	Yes		Yes	
CARMEN PULIAFITO MD	EMPLOYEE	HOUSING LOAN		X	800,000	594,377		No	Yes		Yes	
MICHAEL QUICK	EMPLOYEE	HOUSING LOAN		X	450,000	135,000		No	Yes		Yes	
JAMES STATEN	EMPLOYEE	HOUSING LOAN		X	1,000,000	1,000,000		No	Yes		Yes	
JAMES STATEN	EMPLOYEE	HOUSING LOAN		X	1,000,000	900,000		No	Yes		Yes	
TGM INVESTMENTS LLC	TRUSTEE	TRUSTEE LOAN	X		17,500,000	17,500,000		No		No	Yes	

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHRISTOPHER B ALLEN	SON-IN-LAW OF TRUSTEE	159,040	USC EMPLOYEE		No
ADLEY CHAN	SON OF TRUSTEE	103,809	USC EMPLOYEE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DIANA MEKEL	SISTER-IN-LAW OF OFFICER	66,925	USC EMPLOYEE		No
NIKI C NIKIAS	SPOUSE OF OFFICER	151,490	USC EMPLOYEE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CAROL PEDEN MD	SPOUSE OF OFFICER	343,537	USC EMPLOYEE		No
JANET PINE MD	SPOUSE OF KEY EMPLOYEE	143,726	USC EMPLOYEE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
FULGENT THERAPEUTICS	TRUSTEE IS OWNER	148,650	GENETIC SEQUENCING		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2016
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part 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, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	6	2,021,422	APPRAISED VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		258,617	APPRAISED VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	407	119,533,866	HIGH-LOW AVERAGE
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	X	3	7,015,000	APPRAISED VALUE
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	98	3,205,081	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 24

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a** No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31** Yes

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

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a	Yes	
33		

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
SCHEDULE M, PART I, COLUMN(B)	THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS RECEIVED
SCHEDULE M, PART I, LINE 32(A)	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 O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Southern California

Employer identification number

95-1642394

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	<p>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 learning is one of USC's 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 in which research and teaching are inextricably intertwined, and on which the nation depends for a steady stream of new knowledge, art, and technology. Our faculty are not simply teachers of the works of others, but active contributors to what is taught, thought, and practiced throughout the world. USC is pluralistic, welcoming 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 evident among USC students, alumni, faculty, and staff, indeed, for those within its compass the Trojan Family is a genuinely supportive community. Alumni, trustees, volunteers, and friends of USC are essential to this family tradition, providing generous financial support, participating in university governance, and assisting students at every turn. In our surrounding neighborhoods and around the globe, USC provides public leadership and public service in such diverse fields as health care, economic development, social welfare, scientific research, public policy, and the arts. We also serve the public interest by being the largest private employer in the city of Los Angeles, as well as the city's largest export industry in the private sector. USC has played a major role in the development of Southern California for more than a century and plays an increasingly important role in the development of the nation and the world. We expect to continue to play these roles for many centuries to come. Thus our planning, commitments and fiscal policies are directed toward building quality and excellence in the long term.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	THE UNIVERSITY OF SOUTHERN CALIFORNIA HAS MANY VOLUNTEERS INCLUDING TRUSTEES, BUT DOES NOT FORMALLY TRACK THIS POPULATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICES SPONSORED RESEARCH THE MAJOR RESEARCH IS IN MEDICINE, ENGINEERING AND THE SCIENCES THE INSTITUTION HAS 669 CONTRACTS/GRANTS AWARDED BY THE FEDERAL GOVERNMENT AND 660 AWARDED IN 2016-2017 BY PRIVATE CORPORATIONS, FOUNDATIONS, OTHER UNIVERSITIES, OR STATE AND LOCAL GOVERNMENTS FOR BASIC RESEARCH 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 SEVENTEEN 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	OFFICERS, TRUSTEES AND KEY EMPLOYEES SIT ON THE BOARD OF THE MAY DEWRIGHT TRUST JAMES M STATEN ROHIT VARMA, MD JOHN MORK USC TRUSTEE THOMAS J BARRACK, JR AND USC TRUSTEE FRANK J FERTITTA III HAVE A BUSINESS RELATIONSHIP USC TRUSTEE WANDA M AUSTIN, USC TRUSTEE ROBERT A BRADWAY AND USC TRUSTEE RONALD D SUGAR HAVE A BUSINESS RELATIONSHIP USC TRUSTEE WANDA M AUSTIN AND USC TRUSTEE RONALD D SUGAR HAVE A BUSINESS RELATIONSHIP USC TRUSTEE MARK A STEVENS AND USC TRUSTEE DANIEL J EPSTEIN HAVE A BUSINESS RELATIONSHIP FORM 990, PART VI, LINE 4 Bylaws were amended on December 7, 2016 to provide that the President of the University may appoint advisory members of the Investment Committee, after consultation with the Executive Committee and the Chief Investment Officer of the University

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 12</p>	<p>THE UNIVERSITY HAS A CONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS PRACTICES POLICY AND PROCEDURE WHICH COVERS ALL COVERED EMPLOYEES AND THEIR CLOSE RELATIONS A "COVERED EMPLOYEE" MEANS ALL FACULTY MEMBERS (INCLUDING PART-TIME AND VISITING FACULTY), STAFF AND OTHER EMPLOYEES (SUCH AS POSTDOCTORAL SCHOLARS), AND STUDENTS (INCLUDING POSTDOCTORAL FELLOWS AND GRADUATE STUDENTS) EMPLOYED OR OTHERWISE ENGAGED BY THE UNIVERSITY THE POLICY CONTINUES TO APPLY TO COVERED EMPLOYEES WHILE ON SABBATICAL OR OTHER LEAVES OR ON VACATION, WHILE VISITING OTHER INSTITUTIONS, AND WHILE CONSULTING WITH EXTERNAL ENTITIES A "CLOSE RELATION" MEANS SPOUSES, DOMESTIC PARTNERS, AND PARENTS, CHILDREN, SIBLINGS, AND EACH OF THEIR RESPECTIVE SPOUSES OR DOMESTIC PARTNERS EACH COVERED EMPLOYEE OWES PROFESSIONAL LOYALTY TO THE UNIVERSITY AND MUST BE ALERT TO THE POSSIBILITY THAT OUTSIDE OBLIGATIONS, FINANCIAL INTERESTS, EMPLOYMENT, AND CERTAIN FAMILY OR INTIMATE RELATIONSHIPS CAN AFFECT THAT COMMITMENT THEREFORE, ALL COVERED EMPLOYEES ARE RESPONSIBLE FOR DETERMINING WHETHER THEY, OR THEIR CLOSE RELATIONS, HAVE A CONFLICT OF INTEREST OR COMMITMENT COVERED BY THIS POLICY BECAUSE NO POLICY CAN ANTICIPATE THE FULL RANGE OF OUTSIDE RELATIONSHIPS AND ACTIVITIES THAT MAY GIVE RISE TO CONFLICTS OF INTEREST OR COMMITMENT, COVERED EMPLOYEES MUST DISCLOSE ANY OUTSIDE RELATIONSHIP OR ACTIVITY THAT MAY GIVE THE APPEARANCE OF A CONFLICT AS SOON AS FEASIBLE AFTER DISCOVERY OF THE CONFLICT THE UNIVERSITY MUST DETERMINE WHETHER A CONFLICT OF INTEREST AND/OR COMMITMENT IS MANAGEABLE BEFORE A COVERED EMPLOYEE IS ALLOWED TO UNDERTAKE THE ACTIVITY GIVING RISE TO THE CONFLICT THE COVERED EMPLOYEE MUST COMPLY WITH ALL MEASURES PUT IN PLACE TO MANAGE, REDUCE, OR ELIMINATE CONFLICTS OF INTEREST THIS INCLUDES ANY REQUIREMENT THAT THE COVERED EMPLOYEE PROVIDE A FOLLOW-UP DISCLOSURE AT A REASONABLE TIME INTERVAL TO PROVIDE AN UPDATE ON THE STATUS OF THE CONFLICT OF INTEREST OR COMMITMENT, AND HIS OR HER COMPLIANCE WITH THE MEASURES PUT IN PLACE TO MANAGE THE CONFLICT ALL DISCLOSURES AS WELL AS DECISIONS ON HOW TO MANAGE THE CONFLICT SHOULD BE DOCUMENTED AND MAINTAINED BY THE PERSON OR COMMITTEE TO WHOM DISCLOSURE IS MADE, AS PROVIDED FOR IN THE POLICY THE POLICY DOES NOT PRECLUDE THE SENIOR VICE PRESIDENT, PROVOST, OR DEAN, AS APPROPRIATE, FROM REQUIRING A COVERED EMPLOYEE TO PROVIDE ADDITIONAL CONFLICT OF INTEREST OR COMMITMENT INFORMATION OR TO DO SO ON A MORE FREQUENT BASIS (E.G., BI-ANNUALLY) IF A COVERED EMPLOYEE HAS ANY QUESTIONS ABOUT WHETHER AN OUTSIDE ACTIVITY MUST BE DISCLOSED, THE COVERED EMPLOYEE SHOULD CONSULT WITH HIS OR HER SUPERVISOR OR CONTACT THE OFFICE OF COMPLIANCE FOR GUIDANCE SUPERVISORS WHO BECOME AWARE THAT COVERED EMPLOYEES UNDER THEIR SUPERVISION HAVE CONFLICTS OF INTEREST OR COMMITMENT COVERED BY THIS POLICY ARE OBLIGATED TO ENSURE THAT THE CONFLICT IS APPROPRIATELY DISCLOSED In addition to the procedures set forth in the university's Conflict of Interest in Prof</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 12</p>	<p>essional and Business Practices Policy, USC's Procurement Services department may identify actual or potential conflicts of interest or commitment in the course of performing its duties. In the event that Procurement Services identifies an actual or potential conflict of interest or commitment, it requires the covered employee to make a disclosure under the Conflict of Interest in Professional and Business Practices Policy, and verifies that all actual conflicts are managed before proceeding. Depending upon THE CONFLICT, Procurement Services may also refer the issue to the senior vice president for administration or his or her designee, for resolution. PURCHASING SERVICES MAY SUSPEND ANY FURTHER ACTION ON THE REQUEST THAT INITIATED THE DISCLOSURE UNTIL SUCH TIME AS THE CONFLICT IS MANAGED. IN ADDITION TO THE PROCEDURES SET FORTH ABOVE, A UNIVERSITY FACULTY MEMBER OR NON-FACULTY EMPLOYEE IS REQUIRED TO OBTAIN THE PRIOR WRITTEN APPROVAL FROM THE PROVOST AND SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS OR SENIOR VICE PRESIDENT FOR ADMINISTRATION BEFORE HE OR SHE MAY ENDORSE OR AUTHORIZE ENDORSEMENT OF ANY PRODUCT OR SERVICE ON BEHALF OF THE UNIVERSITY. FAILURE TO DISCLOSE AND MANAGE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST UNDER THIS POLICY, INCLUDING THE EXPECTATIONS DETAILED ABOVE ABOUT WHAT AN INDIVIDUAL SHOULD OR SHOULD NOT DO, MAY BE CAUSE FOR DISCIPLINARY ACTION, WHICH MAY RESULT IN DISCIPLINE, UP THROUGH AND INCLUDING TERMINATION. FOR FACULTY, SUCH ACTION SHALL OBSERVE ALL PROVISIONS OF THE POLICIES PUBLISHED IN THE FACULTY HANDBOOK. ANY DISCIPLINARY ACTION AGAINST A FACULTY MEMBER OR NON-FACULTY EMPLOYEE UNDER THIS POLICY MUST TAKE INTO ACCOUNT THE SCALE OF THE OFFENSE, THE INDIVIDUAL'S INTENT, AND THE DEGREE OF WRONGDOING. THE UNIVERSITY MAINTAINS A CONFLICT OF INTEREST POLICY FOR MEMBERS OF THE BOARD OF TRUSTEES. IN GENERAL, THE POLICY REQUIRES THAT A TRUSTEE MUST AVOID USING HIS OR HER POSITION FOR PERSONAL GAIN OR ADVANTAGE, OR TO OBTAIN A FAVORED STATUS FOR ANY SPECIAL GROUP, BUSINESS, OR FAMILY ENTITY WITH WHICH THE TRUSTEE IS AFFILIATED. THE POLICY APPLIES TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES. A TRUSTEE WILL CONTINUE TO BE SUBJECT TO THE POLICY FOR FIVE YEARS AFTER LEAVING THE BOARD. IF A TRUSTEE BECOMES AWARE OF A FINANCIAL INTEREST THAT MAY BE MATERIAL, HE OR SHE IS REQUIRED TO IMMEDIATELY DISCLOSE THAT FINANCIAL INTEREST TO THE CHAIRMAN OF THE BOARD. SUCH DISCLOSURE IS IN ADDITION TO THE REQUIRED ANNUAL DISCLOSURES. AFTER CONDUCTING A REASONABLE INVESTIGATION UNDER THE CIRCUMSTANCES, WHICH SHOULD INCLUDE AN ANALYSIS OF COMPARABLE ARRANGEMENTS OR TRANSACTIONS OR THE RECEIPT OF AN OPINION FROM AN EXPERT IN THE RELEVANT FIELD, THE BOARD SHOULD DETERMINE IN GOOD FAITH WHETHER USC COULD OBTAIN A MORE ADVANTAGEOUS FINANCIAL ARRANGEMENT OR TRANSACTION WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IN ADDITION, THE BOARD SHOULD DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12	D MEMBERS, WITH KNOWLEDGE OF THE MATERIAL FACTS CONCERNING THE FINANCIAL ARRANGEMENT OR TRANSACTION AND THE TRUSTEE'S FINANCIAL INTEREST IN THE ARRANGEMENT OR TRANSACTION, WHETHER THE ARRANGEMENT OR TRANSACTION IS IN USC'S BEST INTEREST, FOR ITS OWN BENEFIT AND IS FAIR AND REASONABLE TO USC THE BOARD SHOULD MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE ARRANGEMENT OR TRANSACTION IN CONFORMITY WITH SUCH DETERMINATION - SHOULD THE BOARD APPROVE THE FINANCIAL ARRANGEMENT OR TRANSACTION IN QUESTION, THE TRUSTEE WHO HAS A CONFLICT OF INTEREST WILL BE REQUIRED TO ACT IN GOOD FAITH AND WITH FAIRNESS, AND TO REFRAIN FROM EXERCISING UNDUE PRESSURE OR INFLUENCE IN THE BOARD'S DISCRETION, IT MAY ALSO REQUIRE SUCH TRUSTEE TO BE SUBJECT TO THE OVERSIGHT OF A DISINTERESTED TRUSTEE THIS POLICY HAS BEEN APPROVED BY THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15	THE COMPENSATION OF THE UNIVERSITY'S PRESIDENT, OFFICERS AND KEY EMPLOYEES IS DETERMINED ANNUALLY USING 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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A	THE TITLE FOR ROHIT VARMA, MD IS KECK SCHOOL OF MEDICINE INTERIM DEAN (FROM 3/25/16) AND KECK SCHOOL OF MEDICINE DEAN (FROM 11/01/16) THE TITLE FOR CARMEN A PULIAFITO, MD IS KECK SCHOOL OF MEDICINE DEAN (UNTIL 3/24/16) AND KECK SCHOOL OF MEDICINE FACULTY MEMBER (FROM 3/25/16) THE TITLE FOR DANI BYRD IS INTERIM DEAN, USC DORNSIFE COLLEGE OF LETTERS, ARTS AND SCIENCES (UNTIL 8/15/16) AND PROFESSOR, DEPARTMENT OF LINGUISTICS (FROM 8/16/16) THE TITLE FOR AMBER MILLER IS DEAN, USC DORNSIFE COLLEGE OF LETTERS, ARTS AND SCIENCES (FROM 8/16/16) THE TITLE FOR PATRICK C HADEN IS ATHLETIC DIRECTOR (UNTIL 6/30/16) AND SPECIAL ADVISOR TO THE PRESIDENT (FROM 7/1/16) THE TITLE FOR STEVE A KAY IS VISITING PROFESSOR OF NEUROLOGY (UNTIL 8/14/16) AND PROVOST PROFESSOR OF NEUROLOGY, BIOMEDICAL ENGINEERING AND BIOLOGICAL SCIENCES, DIRECTOR OF CONVERGENT BIOSCIENCE (FROM 8/15/16) FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS PRESENT VALUE ADJUSTMENT TO TRUST LIABILITY (\$3,896,025) PRIOR PERIOD ADJUSTMENT 113,595 ----- TOTAL (\$3,782,430)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Name of the organization
University of Southern California

Employer identification number

95-1642394

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) USC GATEWAY LLC UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 90089 20-2108058	PROPERTY MGMT	CA	0	115,582	USC
(2) USC VERDUGO HILLS HOSPITAL LLC UNIVERSITY GARDENS - UGB205 LOS ANGELES, CA 90089 80-0912056	ACUTE CARE	CA	0	0	USC

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) USCSCA SURGICAL HOLDINGS LLC 1510 SAN PABLO ST LOS ANGELES, CA 90033	SURGERY CENTER	CA	USC	RELATED	-2,034,704	-2,025		No	0	Yes		51 000 %
(2) LAZARD EMERGING MARKETS INST 20 TRAFALGAR SQ STE 449 NASHUA, NH 03063 20-8047848	INVESTMENTS	NH	USC	RELATED	-1,193,109	39,983,448		No	0		No	88 940 %
(3) WELLINGTON TRUST COMPANY NA CTF REAL TO 200 CONGRESS STREET BOSTON, MA 02210 46-3970058	INVESTMENTS	MA	USC	RELATED	-1,577,773	30,202,463		No	0		No	98 574 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) MAY ROBERTS DEWRIGHT TRUST UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 900898003 95-6284845	USC SUPPORT	CA	USC	T	871,227	8,169,595	100 000 %	Yes	
(2) INTEGRATED DIGITAL ASSET CORPORATION UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 900898003 95-4680904	3RD PARTY CON	CA	USC	C	0	500	100 000 %	Yes	
(3) CHARITABLE REMAINDER TRUST (241) SEE PART VII FOR COLUMN C SEE PART VII, CA 90089	FUNDRAISING		USC	T				Yes	
(4) POOLED INCOME FUND (1)	FUNDRAISING	CA	USC	T				Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation
PART IV, LINE 4, COLUMN (C)	THE LEGAL DOMICILES OF THE CHARITABLE REMAINDER TRUSTS INCLUDE CA, CO, FL, HI, IL, IN, NV, NY, NC, PA, AND WA

Schedule Form 2016

Additional Data

Software ID:
Software Version:
EIN: 95-1642394
Name: University of Southern California

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) c/o USC UGB203 LOS ANGELES, CA 90089 95-4684347	BIOMEDICAL	DE	501(C)(3)	12A	NA		No
(1) C/O USC UGB203 LOS ANGELES, CA 90089 95-4843260	EDUC MEDIA	CA	501(C)(3)	12A	USC	Yes	
(2) C/O USC UGB203 LOS ANGELES, CA 90089 95-3168340	USC SUPPORT	CA	501(C)(3)	12A	USC	Yes	
(3) C/O USC UGB203 LOS ANGELES, CA 90089 95-6034304	USC SUPPORT	CA	501(C)(3)	12A	USC	Yes	
(4) 1510 SAN PABLO ST SUITE 649 LOS ANGELES, CA 90033 95-4540991	MANAGED CARE	CA	501(C)(3)	10	USC	Yes	
(5) C/O USC 650 W 35TH ST LOS ANGELES, CA 90089 95-4474965	EDUC MEDIA	CA	501(C)(3)	7	USC	Yes	
(6) 355 S GRAND AVE SUITE 1710 LOS ANGELES, CA 90071 95-4871035	USC SUPPORT	DE	501(C)(3)	12A	NA		No
(7) 1350 TREAT BOULEVARD WALNUT CREEK, CA 94597 94-1459048	USC SUPPORT	CA	501(C)(3)	12A	NA		No
(8) 7409 SOUTH ALTON COURT CENTENNIAL, CO 80112 84-1474681	EDUC MEDIA	CO	501(C)(3)	12A	USC	Yes	
(9) C/O R FOX 1500 MARKET STREET PHILADELPHIA, PA 19102 77-6216147	USC SUPPORT	PA	501(C)(3)	12	NA		No
(10) 1812 VERDUGO BLVD GLENDALE, CA 91208 95-3247823	USC SUPPORT	CA	501(C)(3)	12A	USC	Yes	
(11) 1445 ROSS AVENUE STE 3800 DALLAS, TX 75202 31-1707979	USC SUPPORT	TX	501(C)(3)	12	NA		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	LORD FOUNDATION OF CALIFORNIA	S	1,183,754	FMV
(1)	LORD FOUNDATION OF CALIFORNIA	C	2,150,000	FMV
(2)	USC CARE MEDICAL GROUP INC	Q	305,367,702	FMV
(3)	MAY ROBERTS DEWRIGHT TRUST	S	770,154	FMV
(4)	MAY ROBERTS DEWRIGHT TRUST	C	565,428	FMV
(5)	DAVID X MARKS FOUNDATION	C	2,422,979	FMV
(6)	LAZARD EMERGING MARKETS INST TRUST	S	12,667,343	FMV
(7)	LAZARD EMERGING MARKETS INST TRUST	P	447,953	FMV
(8)	LAZARD EMERGING MARKETS INST TRUST	R	1,089,646	FMV
(9)	WELLINGTON TRST CO CTF REAL TOTAL RTRN PORTFO	P	133,758	FMV
(10)	WELLINGTON TRST CO CTF REAL TOTAL RTRN PORTFO	R	316,351	FMV
(11)	CLASSICAL PUBLIC RADIO NETWORK LLC	C	10,405,780	BOOK VALUE
(12)	CLASSICAL PUBLIC RADIO NETWORK LLC	N	516,022	BOOK VALUE
(13)	CLASSICAL PUBLIC RADIO NETWORK LLC	O	2,453,136	BOOK VALUE