

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

**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

**D** Employer identification number  
95-1642394

**E** Telephone number  
(213) 821-1900

**G** Gross receipts \$ 5,857,078,665

**F** Name and address of principal officer:  
Dr Carol L Folt  
UNIVERSITY GARDENS UGB203  
LOS ANGELES, CA 900898003

**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>

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1895

**M** State of legal domicile: CA

## 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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	54
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	50
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	41,683
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	19,034,227
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	927,957,977	847,546,503
<b>9</b> Program service revenue (Part VIII, line 2g)	4,391,940,489	4,756,994,269
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	280,360,974	248,916,490
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,677,065	2,508,604
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,602,936,505	5,855,965,866

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	561,828,959	621,889,699
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,776,301,988	3,088,095,605
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	643,214	666,450
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶64,431,077		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,016,730,491	2,284,984,844
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,355,504,652	5,995,636,598
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	247,431,853	-139,670,732

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	12,195,450,741	12,727,485,136
<b>21</b> Total liabilities (Part X, line 26)	3,302,362,604	3,920,210,690
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	8,893,088,137	8,807,274,446

## 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: 2020-07-09  
Type or print name and title: JAMES STATEN SR VP FINANCE/CFO

**Paid Preparer Use Only** Print/Type preparer's name: Preparer's signature: Date: 2020-06-26 Check  if self-employed PTIN: P00641463  
Firm's name: PricewaterhouseCoopers LLP Firm's EIN:  
Firm's address: 101 SEAPORT BLVD SUITE 500 BOSTON, MA 02210 Phone no. (617) 530-5000

**Part III Statement of Program Service Accomplishments**

Check 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 \$ 2,493,514,891 including grants of \$ 617,421,068 ) (Revenue \$ 2,251,941,044 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 1,841,891,000 including grants of \$ 0 ) (Revenue \$ 1,530,555,390 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 494,361,000 including grants of \$ 0 ) (Revenue \$ 390,039,955 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 473,448,631 including grants of \$ 4,468,631 ) (Revenue \$ 584,457,880 )

**4e Total program service expenses** ▶ 5,303,215,522

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and contributions.

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 3 columns: Question/Description, Yes, No. Rows include 1a (6,408), 1b (0), and 1c (Yes).

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	41,683		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<b>2b</b>		Yes	
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<b>3a</b>		Yes	
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<b>3b</b>		Yes	
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>	<b>4a</b>		Yes	
<p><b>b</b> If "Yes," enter the name of the foreign country: <b>▶</b>SP, FR, UK, HK, CH, KS, MX, TW See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<b>5a</b>			No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<b>5b</b>			No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<b>5c</b>			
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>	<b>6a</b>			No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>	<b>7a</b>		Yes	
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<b>7b</b>		Yes	
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<b>7c</b>			No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<b>7e</b>			No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<b>7f</b>			No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<b>7g</b>			
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b>				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<b>8</b>			No
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<b>9a</b>			No
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<b>9b</b>			No
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>	<b>13a</b>			
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<b>14a</b>			No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<b>14b</b>			
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>	<b>15</b>		Yes	
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>	<b>16</b>			No

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



Section A. Governing Body and Management

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 (54); 1b Enter the number of voting members included in line 1a, above, who are independent (50); 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 2 columns: Question, Answer. 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-A 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 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,025,828		
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	400,785,713		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	445,734,962		
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ _____		4,800,854		
	<b>h Total.</b> Add lines 1a-1f . . . . .		847,546,503		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> TUITION & FEES		900099	2,251,941,044	2,251,941,044		
<b>b</b> NET PATIENT SERVICE REVENUE		900099	1,530,555,390	1,530,555,390			
<b>c</b> AUXILIARY ENTERPRISES		900099	390,039,955	371,821,655	18,218,300		
<b>d</b> PROFESSIONAL SERVICES AGREEMENT		900099	139,868,756	139,868,756			
<b>e</b> SALES & SERVICE		900099	157,849,816	127,498,670	30,351,146		
<b>f</b> All other program service revenue.			286,739,308	286,739,308			
<b>g Total.</b> Add lines 2a-2f . . . . .			4,756,994,269				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			77,131,739		-35,626,735	112,758,474
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			3,366,199			3,366,199
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)	0	0				
	<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)	168,853,481	2,931,270				
	<b>d</b> Net gain or (loss) . . . . .			171,784,751		6,091,516	165,693,235
	<b>8a</b> Gross income from fundraising events (not including \$ 1,025,828 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	255,204				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	1,112,799				
	<b>c</b> Net income or (loss) from fundraising events . . . . .			-857,595			-857,595
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	0				
<b>b</b> Less: direct expenses . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0					
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
<b>11a</b> Miscellaneous Revenue	Business Code						
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See Instructions. . . . .			5,855,965,866	4,708,424,823	19,034,227	280,960,313	

**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.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,507,314	1,507,314		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	615,913,754	615,913,754		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	4,468,631	4,468,631		
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	20,929,359	10,405,366	7,755,098	2,768,895
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	465,919	108,075	58,368	299,476
<b>7</b> Other salaries and wages	2,380,001,048	2,174,464,455	175,200,191	30,336,402
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	221,497,372	189,947,601	27,362,561	4,187,210
<b>9</b> Other employee benefits	370,509,617	318,127,080	45,503,768	6,878,769
<b>10</b> Payroll taxes	94,692,290	81,204,454	11,697,762	1,790,074
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	0			
<b>b</b> Legal	36,284,351		36,284,351	
<b>c</b> Accounting	2,523,526		2,523,526	
<b>d</b> Lobbying	423,124	423,124		
<b>e</b> Professional fundraising services. See Part IV, line 17	666,450			666,450
<b>f</b> Investment management fees	15,319,408		15,319,408	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
<b>12</b> Advertising and promotion	0			
<b>13</b> Office expenses	1,588,651,501	1,311,230,549	262,984,238	14,436,714
<b>14</b> Information technology	0			
<b>15</b> Royalties	0			
<b>16</b> Occupancy	50,442,502	46,079,922	3,778,071	584,509
<b>17</b> Travel	60,152,500	57,074,673	2,298,778	779,049
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	0			
<b>20</b> Interest	61,680,610	47,843,854	13,817,227	19,529
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	279,782,000	256,612,000	21,486,000	1,684,000
<b>23</b> Insurance	1,920,652		1,920,652	
<b>24</b> 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.)				
<b>a</b> COST OF GOODS SOLD	129,466,832	129,466,832		
<b>b</b> UNIVERSITY SERVICES	58,337,838	58,337,838		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,995,636,598	5,303,215,522	627,989,999	64,431,077
<b>26</b> 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	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0	
	<b>2</b> Savings and temporary cash investments . . . . .	814,021,656	<b>2</b>	1,036,665,872	
	<b>3</b> Pledges and grants receivable, net . . . . .	570,185,428	<b>3</b>	462,329,209	
	<b>4</b> Accounts receivable, net . . . . .	444,221,850	<b>4</b>	450,654,583	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	7,470,740	<b>5</b>	9,221,527	
	<b>6</b> 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	<b>6</b>	0	
	<b>7</b> Notes and loans receivable, net . . . . .	61,114,437	<b>7</b>	51,844,409	
	<b>8</b> Inventories for sale or use . . . . .	21,883,068	<b>8</b>	24,795,847	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	256,889,464	<b>9</b>	362,086,464	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 7,183,635,185			
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,848,981,253	4,143,379,783	<b>10c</b>	4,334,653,932
	<b>11</b> Investments—publicly traded securities . . . . .	3,166,078,983	<b>11</b>	3,128,587,413	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	2,395,739,727	<b>12</b>	2,485,027,927	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0	
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	314,465,605	<b>15</b>	381,617,953	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	12,195,450,741	<b>16</b>	12,727,485,136		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	758,227,001	<b>17</b>	1,373,267,178	
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0	
	<b>19</b> Deferred revenue . . . . .	261,893,736	<b>19</b>	257,066,540	
	<b>20</b> Tax-exempt bond liabilities . . . . .	183,154,803	<b>20</b>	180,547,864	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0	
	<b>22</b> 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	<b>22</b>	0	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,421,839,869	<b>23</b>	1,417,503,699	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0	
	<b>25</b> 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 . . . . .	659,747,195	<b>25</b>	691,825,409	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,302,362,604	<b>26</b>	3,920,210,690	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	4,113,028,836	<b>27</b>	4,057,542,611	
	<b>28</b> Temporarily restricted net assets . . . . .	2,128,686,567	<b>28</b>	1,965,216,074	
	<b>29</b> Permanently restricted net assets	2,651,372,734	<b>29</b>	2,784,515,761	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
<b>33</b> Total net assets or fund balances . . . . .	8,893,088,137	<b>33</b>	8,807,274,446		
<b>34</b> Total liabilities and net assets/fund balances . . . . .	12,195,450,741	<b>34</b>	12,727,485,136		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,855,965,866
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,995,636,598
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-139,670,732
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	8,893,088,137
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	44,675,507
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	9,181,534
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,807,274,446

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

		Yes	No
<b>2a</b>			No
<b>2b</b>	Yes		
<b>2c</b>	Yes		
<b>3a</b>	Yes		
<b>3b</b>	Yes		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-1642394

**Name:** University of Southern California

Form 990 (2018)

---

**Form 990, Part III, Line 4a:**

INSTRUCTION: 20,500 STUDENTS IN UNDERGRADUATE CLASSES: 28,000 STUDENTS IN GRADUATE AND PROFESSIONAL CLASSES: 5,337 BACHELOR DEGREES CONFERRED AND 11,075 ADVANCED DEGREES CONFERRED IN 2018-2019.

---

**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			
RICK J CARUSO ..... TRUSTEE/CHAIRMAN	2.0 .....	X		X				0	0	0
MIRIAM ADELSON ..... TRUSTEE	2.0 .....	X						0	0	0
MICHAEL E ADLER ..... TRUSTEE	2.0 .....	X						0	0	0
WALLIS ANNENBERG ..... TRUSTEE	2.0 .....	X						0	0	0
STEPHANIE A ARGYROS ..... TRUSTEE (AS OF 10/10/2018)	2.0 .....	X						0	0	0
WANDA M AUSTIN ..... SEE SCHEDULE O FOR TITLE	50.0 .....	X		X				636,319	0	36,422
THOMAS J BARRACK JR ..... TRUSTEE	2.0 .....	X						0	0	0
MARC R BENIOFF ..... TRUSTEE	2.0 .....	X						0	0	0
DAVID C BOHNETT ..... TRUSTEE	2.0 .....	X						0	0	0
CHARLES F BOLDEN JR ..... TRUSTEE	2.0 .....	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			
JOSEPH M BOSKOVICH SR ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
ROBERT A BRADWAY ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
JEANIE M BUSS ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
CHARLES G CALE ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
RAMONA L CAPPELLO ..... TRUSTEE (UNTIL 6/5/2019)	2.0 ..... 0.0	X						0	0	0
ALAN I CASDEN ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
RONNIE C CHAN ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
YANG HO CHO ..... TRUSTEE (UNTIL 4/5/2019)	2.0 ..... 0.0	X						0	0	0
CHRISTOPHER COX ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
FRANK H CRUZ ..... TRUSTEE	2.0 ..... 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 DORNIFE ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
SUZANNE DWORAK-PECK ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
MICHELE DEDEAUX ENGEMANN ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
MICHAEL A FELIX ..... TRUSTEE (AS OF 6/5/2019)	2.0 ..... 0.0	X						0	0	0
DANIEL J EPSTEIN ..... TRUSTEE (UNTIL 6/5/2019)	2.0 ..... 0.0	X						0	0	0
STANLEY P GOLD ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
TAMARA HUGHES GUSTAVSON ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
JANE HARMAN ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
MING HSIEH ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
SUZANNE NORA JOHNSON ..... TRUSTEE	2.0 ..... 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	2.0 ..... 0.0	X						0	0	0
KENNETH R KLEIN ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
JOHN KUSMIERSKY ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
JAIME L LEE ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
KATHY LEVENTHAL ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
WILLIAM J MCMORROW ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
JOHN MORK ..... TRUSTEE	2.0 ..... 0.5	X						0	0	0
OSCAR MUNOZ ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
ROD Y NAKAMOTO ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
CARMEN NAVA ..... TRUSTEE	2.0 ..... 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 L NEMIROVSKY ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
DOMINIC NG ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
CHRYSOSTOMOS L NIKIAS ..... SEE SCHEDULE O FOR TITLE	50.0 ..... 1.5	X		X				6,952,472	0	702,466
J KRISTOFFER POPOVICH ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
BLAKE QUINN ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
EDWARD P ROSKI JR ..... TRUSTEE (UNTIL 6/5/2019)	2.0 ..... 0.0	X						0	0	0
AMY A ROSS ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
FREDERICK J RYAN JR ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
LEONARD D SCHAEFFER ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
WILLIAM EB SIART ..... TRUSTEE	2.0 ..... 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			
JEFFREY H SMULYAN ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
STEVEN SPIELBERG ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
HELIANE M STEDEN ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
MARK A STEVENS ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
RONALD D SUGAR ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
TRACY M SYKES ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
DANIEL M TSAI ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
RONALD N TUTOR ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
WENXUE WANG ..... TRUSTEE	2.0 ..... 0.0	X						0	0	0
CAROL MAUCH AMIR ..... SEE SCHEDULE O FOR TITLE	50.0 ..... 0.75			X				913,084	0	63,937

**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 BROWN ..... SEE SCHEDULE O FOR TITLE	50.0 ..... 0.0			X				252,801	0	61,642
ALBERT R CHECCIO ..... SENIOR VP, UNIV. ADVANCEMENT	50.0 ..... 0.25			X				2,041,876	0	51,977
CAROLYN DOMEN-BROSHEARS ..... SEE SCHEDULE O FOR TITLE	50.0 ..... 0.75			X				298,085	0	32,477
THOMAS E JACKIEWICZ ..... SVP & CEO FOR KECK MEDICINE	50.0 ..... 0.5			X				2,453,108	0	56,752
MICHAEL QUICK ..... PROVOST/SR VP ACADEMIC AFFAIRS	50.0 ..... 0.75			X				1,062,946	0	38,046
THOMAS S SAYLES ..... SR VP, UNIV REL (TIL 10/2/18)	50.0 ..... 0.0			X				1,050,673	0	39,191
JAMES M STATEN ..... SR VP, FINANCE & CFO	50.0 ..... 1.5			X				1,827,688	0	161,551
DAVID W WRIGHT ..... SEE SCHEDULE O FOR TITLE	50.0 ..... 0.25			X				424,863	0	78,415
JAMES G ELLIS ..... DEAN-MARSHALL SCHOOL OF BUS.	50.0 ..... 0.75				X			674,327	0	51,966
LISA ANN MAZZOCCO ..... CHIEF INVESTMENT OFFICER	50.0 ..... 0.0				X			1,057,494	0	110,957

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			
AMBER MILLER ..... SEE SCHEDULE O FOR TITLE	50.0 ..... 0.0				X			616,125	0	52,094
LAURA MOSQUEDA ..... DEAN-KECK SCHOOL OF MEDICINE	50.0 ..... 0.5				X			1,022,187	0	41,091
YANNIS C YORTSOS ..... DEAN-VITERBI SCHOOL OF ENG.	50.0 ..... 0.5				X			501,745	0	54,477
ANDY ENFIELD ..... HEAD BASKETBALL COACH	40.0 ..... 0.0					X		3,065,214	0	61,558
INDERBIR SINGH GILL MD ..... PROF & CHAIR - UROLOGY	40.0 ..... 0.5					X		2,665,548	0	120,352
CHARLES HELTON ..... HEAD FOOTBALL COACH	40.0 ..... 0.0					X		4,456,072	0	113,435
VAUGHN A STARNES MD ..... CHAIR & DIST PROF SURGERY	40.0 ..... 0.5					X		2,888,456	0	62,620
LOUIS A VANDERMOLEN MD ..... PROFESSOR OF CLINICAL MEDICINE	40.0 ..... 0.0					X		2,316,530	0	34,723
TODD R DICKEY ..... SEE SCHEDULE O FOR TITLE	50.0 ..... 0.5						X	810,529	0	41,125
DANI BYRD ..... SEE SCHEDULE O FOR TITLE	40.0 ..... 0.0						X	254,725	0	141,057

**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			
STEVEN A KAY ..... SEE SCHEDULE O FOR TITLE	40.0 ..... 0.0						X	799,192	0	115,563
ROHIT VARMA MD ..... SEE SCHEDULE O FOR TITLE	50.0 ..... 0.25						X	2,479,171	0	46,644



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**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		
<b>Total</b>						

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

(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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions) 12 20,315,412,867

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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 92.775%. Row 15: Public support percentage for 2017 Schedule A, Part II, line 14 94.279%.

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
<b>2</b> 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 . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
<b>6 Total.</b> Add lines 1 through 5 . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
<b>c</b> Add lines 7a and 7b. . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
<b>c</b> Add lines 10a and 10b. . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . .						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b>	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)? <i>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.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	

- 7**  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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018:			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

**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).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

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



**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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2018**  
**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
---------------------------------------------------------------	----------------------------------------------

**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 (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

**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-.
1				
2				
3				
4				
5				
6				



**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
<b>1</b> 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:		No	
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....		No	0
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		1,367,374
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	Yes		
<b>i</b> Other activities? .....	Yes		
<b>j</b> Total. Add lines 1c through 1i .....			1,367,374
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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, THROUGH THE USE OF PAID STAFF, 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)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2018**  
**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	7	
2 Aggregate value of contributions to (during year)	24,961,995	
3 Aggregate value of grants from (during year)	14,875,411	
4 Aggregate value at end of year . . . . .	37,412,419	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements . . . . .	2a	
b Total acreage restricted by conservation easements . . . . .	2b	
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? . . . . .  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" 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:
- (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$ 31,567,223
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other 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      |
|--------------------------------------------------|-------------|
| <b>c</b> Beginning balance . . . . .             | 231,636,081 |
| <b>d</b> Additions during the year . . . . .     | 11,915,643  |
| <b>e</b> Distributions during the year . . . . . | 11,836,205  |
| <b>f</b> Ending balance . . . . .                | 231,715,519 |
- 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
<b>1a</b> Beginning of year balance . . . . .	5,282,284,883	4,876,143,064	4,371,419,736	4,511,866,099	4,392,817,799
<b>b</b> Contributions . . . . .	188,223,613	179,791,712	176,085,163	164,261,117	152,516,218
<b>c</b> Net investment earnings, gains, and losses . . . . .	238,538,234	450,633,689	543,468,688	-107,908,309	147,475,858
<b>d</b> Grants or scholarships . . . . .	46,594,372	47,999,221	44,660,935	41,057,640	37,788,447
<b>e</b> Other expenditures for facilities and programs . . . . .	177,037,868	167,411,661	161,668,858	147,972,885	135,988,210
<b>f</b> Administrative expenses . . . . .	8,990,775	8,872,700	8,500,730	7,768,646	7,167,119
<b>g</b> End of year balance . . . . .	5,476,423,715	5,282,284,883	4,876,143,064	4,371,419,736	4,511,866,099

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 27.000 %
  - b** Permanent endowment ▶ 73.000 %
  - c** Temporarily restricted endowment ▶ 0 %
- 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:
- |                                                                                                        |            |           |
|--------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .                                                           | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>                                                                                           |            | No        |
| <b>(ii)</b> related organizations . . . . .                                                            | <b>Yes</b> | <b>No</b> |
| <b>3a(ii)</b>                                                                                          | Yes        |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>Yes</b> | <b>No</b> |
| <b>3b</b>                                                                                              | 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
<b>1a</b> Land . . . . .		201,408,788		201,408,788
<b>b</b> Buildings . . . . .		5,503,476,813	1,838,198,186	3,665,278,627
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		738,284,517	689,186,663	49,097,854
<b>e</b> Other . . . . .		740,465,067	321,596,404	418,868,663
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,334,653,932

**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	1,184,588,585	F
(B) PRIVATE EQUITY	1,300,439,342	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,485,027,927	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	104,442,205
SELF INSURANCE RESERVES	284,605,628
FEDERAL STUDENT LOAN FUNDS	67,935,560
ASSET RETIREMENT OBLIGATION	132,918,388
REFUNDABLE ADVANCES	21,477,044
CAPITAL LEASE OBLIGATION	75,868,895
OTHER LIABILITIES	4,577,689
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	691,825,409

**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.

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

**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.

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

**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

## 2018

**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.**  
▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest instructions.**

Department of the Treasury  
Name of the organization  
University of Southern California

**Employer identification number**  
95-1642394

**Part I**

	YES	NO
<b>1</b> 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	
<b>2</b> 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	
<b>3</b> 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	
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	Yes	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	Yes	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	Yes	
<b>d</b> 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	
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		No
<b>b</b> Admissions policies? . . . . .		No
<b>c</b> Employment of faculty or administrative staff? . . . . .		No
<b>d</b> Scholarships or other financial assistance? . . . . .		No
<b>e</b> Educational policies? . . . . .		No
<b>f</b> Use of facilities? . . . . .		No
<b>g</b> Athletic programs? . . . . .		No
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	Yes	
<b>b</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.		No
<b>7</b> 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)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

## 2018

**Open to Public Inspection**

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					
<b>3a</b> Sub-total . . . . .	11	315			5,756,460
<b>b</b> Total from continuation sheets to Part I . . . . .					1,004,561,049
<b>c Totals</b> (add lines 3a and 3b)	25	457			1,010,317,509







**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; don't file with Form 990)* . . . . .  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; don't file with Form 990).* . . . . .  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).

**990 Schedule F, Supplemental Information**

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.</p>

**990 Schedule F, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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.

## 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	0	3	Program Services	INSTRUCT,EXCUR,TRAVEL	48,405
East Asia and the Pacific	6	79	Program Services	INSTRUCT,EXCUR,TRAVEL	1,254,231

**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)	2	93	Program Services	INSTRUCT,EXCUR,TRAVEL	2,893,538
Middle East and North Africa	0	27	Program Services	INSTRUCT,EXCUR,TRAVEL	143,400

**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	0	54	Program Services	INSTRUCT,EXCUR,TRAVEL	299,183
Russia and the Newly Independent States	0	0	Program Services	INSTRUCT,EXCUR,TRAVEL	52,012

**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	0	24	Program Services	INSTRUCT,EXCUR,TRAVEL	227,369
South Asia	0	2	Program Services	INSTRUCT,EXCUR,TRAVEL	106,777



**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	0	0	Program Services	INSTRUCT,EXCUR,TRAVEL	114,173
Central America and the Caribbean	0	0	Program Services	Research	3,717

**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	3	12	Program Services	Research	71,144
Europe (Including Iceland and Greenland)	0	13	Program Services	Research	209,002

**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	0	2	Program Services	Research	208,535
North America	0	2	Program Services	Research	9,262

**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
Russia and the Newly Independent States	0	1	Program Services	Research	53,469
South America	0	2	Program Services	Research	51,943

**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	0	1	Program Services	Research	10,300
Sub-Saharan Africa	0	2	Program Services	Research	49,836

**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	0	0	Program Services	STUDENT ABROAD	301
East Asia and the Pacific	0	10	Program Services	STUDENT ABROAD	231,448

**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)	0	16	Program Services	STUDENT ABROAD	594,109
North America	0	0	Program Services	STUDENT ABROAD	44,733

**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	0	0	Program Services	STUDENT ABROAD	49,710
Europe (Including Iceland and Greenland)	0	3	Program Services	STAFF ABROAD	7,940



**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	1	Program Services	RECRUITMENT	155,669
East Asia and the Pacific	7	30	Program Services	RECRUITMENT	2,251,003

**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)	2	2	Program Services	RECRUITMENT	156,432
Middle East and North Africa	0	1	Program Services	RECRUITMENT	25,813

**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	1	1	Program Services	RECRUITMENT	3,442
Russia and the Newly Independent States	0	1	Program Services	RECRUITMENT	4,200

**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	1	Program Services	RECRUITMENT	107,356
South Asia	2	1	Program Services	RECRUITMENT	215,604

**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	0	0	Program Services	GLOBALIZATION	53,166
Europe (Including Iceland and Greenland)	0	0	Program Services	GLOBALIZATION	8,200

**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	0	0	Program Services	GLOBALIZATION	36,275
East Asia and the Pacific	0	0	Program Services	PREVNT MED & GLOBAL ME	76,642

**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)	0	0	Program Services	PREVNT MED & GLOBAL ME	81,544
Middle East and North Africa	0	0	Program Services	PREVNT MED & GLOBAL ME	1,000

**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	0	0	Program Services	PREVNT MED & GLOBAL ME	56,417
South America	0	0	Program Services	PREVNT MED & GLOBAL ME	5,427



**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	0	48	Program Services	INTL EXP LEARNING	2,595,325
Europe (Including Iceland and Greenland)	0	10	Program Services	INTL EXP LEARNING	407,243

**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	0	4	Program Services	INTL EXP LEARNING	29,050
South Asia	0	11	Program Services	INTL EXP LEARNING	713,568

**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	0	0	Grantmaking		993,518
Europe (Including Iceland and Greenland)	0	0	Grantmaking		2,123,930

**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	0	0	Grantmaking		37,800
North America	0	0	Grantmaking		1,218,457

**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	0	0	Grantmaking		94,927
Central America and the Caribbean	0	0	Investments		850,222,083

**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	0	0	Investments		22,951,200
Europe (Including Iceland and Greenland)	0	0	Investments		118,957,681

**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	84,908				
		North America	RSCH SUBAWRD	51,785				

**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	42,352				
		Europe (Including Iceland and Greenland)	RSCH SUBAWRD	16,830				



**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	76,500				
		North America	RSCH SUBAWRD	90,730				

**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	181,825				
		East Asia and the Pacific	RSCH SUBAWRD	185,600				

**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	74,530				
		East Asia and the Pacific	RSCH SUBAWRD	71,876				

**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	94,033				
		Middle East and North Africa	RSCH SUBAWRD	37,800				

**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	328,165				
		Europe (Including Iceland and Greenland)	RSCH SUBAWRD	64,460				

**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	64,744				
		North America	RSCH SUBAWRD	19,331				

**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	348,072				
		East Asia and the Pacific	RSCH SUBAWRD	477,350				

**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	44,930				
		East Asia and the Pacific	RSCH SUBAWRD	23,567				



**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)
		Sub-Saharan Africa	RSCH SUBAWRD	9,734				
		Europe (Including Iceland and Greenland)	RSCH SUBAWRD	103,220				

**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	69,256				
		North America	RSCH SUBAWRD	16,942				

**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	13,783				
		Russia and the Newly Independent States	RSCH SUBAWRD	110,883				

**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	222,483				
		Europe (Including Iceland and Greenland)	RSCH SUBAWRD	142,400				

**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	1,044,968				
		Europe (Including Iceland and Greenland)	RSCH SUBAWRD	228,550				

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	127,024				

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**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	546,489	666,450	-119,961
<b>Total</b>				546,489	666,450	-119,961

- 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.

AR, CA, CO, CT, FL, GA, IN, IA, KS, KY, LA, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OR, PA, SC, SD, TN, VT, VA, WA, WI

**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)
		<u>ALUMNI AWARDS</u> (event type)	<u>Scripter Awards</u> (event type)	<u>2</u> (total number)	Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	497,000	300,530	483,502	1,281,032
	<b>2</b> Less: Contributions . . . . .	320,025	279,430	426,373	1,025,828
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	176,975	21,100	57,129	255,204
Direct Expenses	<b>4</b> Cash prizes . . . . .			210	210
	<b>5</b> Noncash prizes . . . . .	2,651	6,515	4,072	13,238
	<b>6</b> Rent/facility costs . . . . .	57,437	66,509	21,746	145,692
	<b>7</b> Food and beverages . . . . .	157,570	45,930	218,740	422,240
	<b>8</b> Entertainment . . . . .	98,152	2,900	177,223	278,275
	<b>9</b> Other direct expenses . . . . .	76,038	115,992	61,114	253,144
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				1,112,799
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-857,595	

**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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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 provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

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

# Hospitals

OMB No. 1545-0047  
**2018**  
 Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Name of the organization**  
 University of Southern California

**Employer identification number**  
 95-1642394

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> 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		
<b>3</b> 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. <b>a</b> 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 free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
<b>b</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 _____ %	Yes	
<b>c</b> 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.		
<b>4</b> 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"? . . . . .	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	Yes	
<b>c</b> 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? . . . . .		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			3,145,567		3,145,567	0.050 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			288,330,688	272,356,380	15,974,308	0.270 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			291,476,255	272,356,380	19,119,875	0.320 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			1,026,956	11,415	1,015,541	0.020 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			58,318,889	20,136,291	38,182,598	0.640 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			176,177,336	112,533,587	63,643,749	1.060 %
<b>h</b> Research (from Worksheet 7) . . . . .			328,914,701	328,914,701		0 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			429,481		429,481	0.010 %
<b>j Total.</b> Other Benefits . . . . .			564,867,363	461,595,994	103,271,369	1.730 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			856,343,618	733,952,374	122,391,244	2.050 %

**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			41,711		41,711	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			96,679		96,679	
9 Other						
<b>10 Total</b>			138,390		138,390	

**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		3,085,602
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	356,645,586
6 Enter Medicare allowable costs of care relating to payments on line 5	6	441,008,042
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-84,362,456
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 SEE PART VI	AMBULATORY SURGICAL	20 %		
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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	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 . . . . .	Yes	
<b>6 a</b>	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>b</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
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>keckmedicine.org/community-benefit</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>keckmedicine.org/community-benefit</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	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>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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:			
<b>13</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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	
<b>17</b>	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 nonpayment? . . . . .	17	Yes	
<b>18</b>	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:			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
	<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	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:	19		No
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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):			
	<b>a</b> <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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
	<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
	<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
	<b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . .	21	Yes	
	If "No," indicate why:			
	<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
	<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
	<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	<b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**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
<b>23</b>		No
<b>24</b>		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)

B

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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	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 . . . . .	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>6b</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
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>uscvhh.org/giving/community-outreach</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>uscvhh.org/giving/community-outreach</u>	Yes	
<b>10b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	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>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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:			
<b>13</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	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 nonpayment? . . . . .	17	Yes
<b>18</b>	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: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
<b>20</b>	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): <b>a</b> <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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	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
<b>23</b>		No
<b>24</b>		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)
<b>1</b> USC ENGEMANN STUDENT HEALTH CENTER (UPC) 1031 WEST 34TH STREET LOS ANGELES, CA 900893261	OUTPATIENT CLINIC
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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 FY19 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 8.28%, CONSISTENT WITH PEER ORGANIZATIONS. PART II, LINE 8: USC VERDUGO HILLS ECONOMIC DEVELOPMENT: USC VERDUGO HILLS HOSPITAL ACTIVELY SUPPORTED ISSUES IMPACTING COMMUNITY HEALTH AND SAFETY BY PARTNERING WITH THE LA CAADA FLINTRIDGE CHAMBER OF COMMERCE, CRESCENTA VALLEY CHAMBER OF COMMERCE, THE GLENDALE CHAMBER OF COMMERCE, SUNLAND-TUJUNGA CHAMBER OF COMMERCE, THE MONTROSE VERDUGO CITY CHAMBER OF COMMERCE, AND THE GLENDALE AND LA CAADA KIWANIS CLUB. IN FY2019, THE HOSPITAL HOSTED A LA CANADA CHAMBER OF COMMERCE SUMMER INTERN. USC VERDUGO HILLS 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 HEALTH SUMMIT AND THE GLENDALE HEALTHY COMMUNITY COALITION. 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. USC KECK AND NORRIS WORKFORCE DEVELOPMENT: KECK MEDICINE OF USC CONTINUED ITS EFFORTS TO ENGAGE STUDENTS FROM LOCAL LOS ANGELES SCHOOLS THAT TYPICALLY ENROLL UNDERSERVED STUDENTS. 68 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. 12 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. AN INTERNSHIP EXPERIENCE ENGAGED 12TH GRADE PASADENA UNIFIED SCHOOL DISTRICT 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. KECK MEDICINE AND KECK HOSPITAL WORKED WITH ALTAMED HEALTH SERVICES (A FEDERALLY QUALIFIED HEALTH CENTER) TO CO-SPONSOR AMERICORPS INTERNS. THE FOCUS WAS TO PROMOTE HEALTH CAREER DEVELOPMENT IN LOCAL SCHOOLS AND JOB TRAINING. KECK MEDICINE WORKED WITH LA HIRE YOUTH TO EMPLOY 12 STUDENTS OVER THE SUMMER, PROVIDING THEM THE SKILLS AND CONFIDENCE NEEDED TO PURSUE A JOB IN THE HEALTH CARE FIELD. DEMONSTRATING OUR COMMITMENT TO BUILDING A DIVERSE WORKFORCE, KECK MEDICINE OF USC SUPPORTED THE NATIONAL ORGANIZATION OF GAY AND LESBIAN SCIENTISTS AND TECHNICAL PROFESSIONALS INC.'S (NOGLSTP) OUT TO INNOVATE SUMMIT TO PROMOTE AN EDUCATIONAL AND SUPPORTIVE ENVIRONMENT FOR CAREER DEVELOPMENT FOR THE LGBTQ+ COMMUNITY. ADDITIONALLY, WE SPONSORED THE 4TH ANNUAL NATIONAL DIVERSITY COUNCIL'S LATINO LEADERSHIP CONFERENCE, SUPPORTING DIVERSITY IN HOSPITAL ADMINISTRATION LEADERSHIP.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 2:	<p>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 PAYORS 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.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8:	THE MEDICARE SHORTFALL OF (\$84,362,456) 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.

**990 Schedule H, Supplemental Information**

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. PART IV, LINE 1, COLUMN (A): NAME OF ENTITY: BEVERLY HILLS DOCTORS SURGERY CENTER LLC

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2:	NEEDS ASSESSMENT: IN ADDITION TO THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT, HEALTH NEEDS ARE MONITORED BY: THE HEALTH SYSTEM BOARD MEMBERS WHO ARE COMMUNITY RESIDENTS SHARE COMMUNITY HEALTH CONCERNS WHEN APPROPRIATE; COMMUNITY COMMENTS ON THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY ARE COLLECTED ON THE HOSPITAL WEBSITE AND ARE MONITORED BY THE COMMUNITY BENEFIT AND OUTREACH DEPARTMENT; AND EACH FACILITY IDENTIFIED ON PART V OF SCHEDULE H HAS SYSTEMS TO ENGAGE COMMUNITY MEMBERS TO PROVIDE ON COMMUNITY HEALTH CARE NEEDS. COMMUNITY INVOLVEMENT OCCURS AND FEEDBACK IS OBTAINED THROUGH SERVICE ON COMMITTEES, INPUT ON NEEDS ASSESSMENTS, TOWN HALL/LISTENING SESSIONS OR INPUT THROUGH SOCIAL MEDIA OUTLETS.

**990 Schedule H, Supplemental Information**

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>

## 990 Schedule H, Supplemental Information

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. THE HOSPITAL TREATS ADULT CANCER PATIENTS. WHILE THE HOSPITAL DRAWS PATIENTS INTERNATIONALLY, NATIONALLY, REGIONALLY, ITS PRIMARY SERVICE AREA IS LOS ANGELES COUNTY, CALIFORNIA. THE POPULATION OF L.A. COUNTY IS 10,057,155. CHILDREN AND YOUTH (AGES 0-17) MAKE UP 22.8% OF THE POPULATION; 39.9% ARE 18-44 YEARS OF AGE; 25.0% ARE 45-64; AND 12.2% OF THE POPULATION ARE OLDER ADULTS, 65 YEARS OF AGE AND OLDER. THE MAJORITY POPULATION'S RACE/ETHNICITY IN THE LOS ANGELES COUNTY IS HISPANIC OR LATINO (48.3%). WHITES MAKE UP 26.7% OF THE POPULATION. ASIANS COMPRISE 14.1% OF THE POPULATION, AND AFRICAN AMERICANS ARE 8% OF THE POPULATION. NATIVE AMERICANS, HAWAIIANS, AND OTHER RACES COMBINED TOTAL 2.9% OF THE POPULATION. IN LA COUNTY, SPANISH IS SPOKEN IN 39.4% OF THE HOMES, 43.3% OF THE RESIDENTS SPEAK ENGLISH ONLY, AND 10.9% 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, 77.7% OF THE ADULT POPULATION, 25 YEARS AND OLDER, HAVE OBTAINED A HIGH SCHOOL DIPLOMA OR HIGHER. THIS IS LOWER THAN THE STATE RATE OF 82.1%. THE RATE OF POVERTY IN THE COUNTY IS 22.6%, WHICH IS HIGHER THAN THE STATE OVERALL (15.8%). POVERTY INCREASES FOR THE POPULATION AT OR BELOW 200% OF FPL AS 45.0% 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, 30.4% 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, 26.3% 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, FLINTRIDGE, LA CRESCENTA, MONTROSE, PASADENA, SUNLAND, SYLMAR, TUJUNGA, GLASSELL PARK, LOS ANGELES, AND SUN VALLEY. THE POPULATION OF THE SERVICE AREA IS 666,468. CHILDREN AND YOUTH (AGES 0-17) MAKE UP 20.1% OF THE POPULATION; 64.9% ARE 18-64 YEARS OF AGE; AND 15.0% OF THE POPULATION ARE 65 YEARS OF AGE AND OLDER. THE RACIAL/ETHNIC COMPOSITION OF THE AREA IS HIGHLY DIVERSE, WHITES MAKE UP 45.9% OF THE SERVICE AREA, HISPANIC OR LATINOS 33.0%, ASIANS 14.0% AND AFRICAN AMERICANS 4.0% OF THE POPULATION. NATIVE AMERICANS, HAWAIIANS AND OTHER RACES COMBINED TOTAL 3.1% OF THE POPULATION. IN THE SERVICE AREA, ENGLISH ONLY IS SPOKEN AT HOME AMONGST 43% OF THE POPULATION. 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, 16% OF THE ADULT POPULATION HAVE LESS THAN A HIGH SCHOOL EDUCATION. THIS IS LOWER THAN THE STATE RATE OF 17.9%. OVERALL, A LOWER PERCENTAGE OF FAMILIES IN THE SERVICE AREA LIVE BELOW POVERTY (13.6%) THAN IN THE COUNTY OVERALL (17.8%).</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>THE GOVERNING BOARD IS COMPRISED OF MEMBERS OF THE COMMUNITIES SERVED, USC FACULTY AND STA FF. COMMUNITY MEMBERS ARE NOT COMPENSATED FOR THEIR TIME ON THE BOARD. EACH FACILITY IDENT IFIED IN PART V OF SCHEDULE H MAINTAINS AN OPEN MEDICAL STAFF EXCEPT IN THOSE INSTANCES WH EN A CLINICAL DEPARTMENT IS "CLOSED" IN ACCORDANCE WITH CALIFORNIA LAW FOR HOSPITAL-BASED SERVICES. AS A NONPROFIT ORGANIZATION, ANY SURPLUS OF FUNDS IS INVESTED BACK INTO PROVIDIN G HEALTH CARE SERVICES AND RESOURCES TO THE COMMUNITY, INCLUDING BUT NOT LIMITED NEW PATIE NT CARE LOCATIONS AND EQUIPMENT, EXPANDED PROGRAMS AND SERVICES, AND THE TRAINING OF PHYSI CIANS, NURSES AND OTHER PROFESSIONALS INCLUDING PHARMACISTS AND SPEECH, OCCUPATIONAL, PHYS ICAL AND RESPIRATORY THERAPISTS. THE HOSPITAL FACILITIES TRAIN MEDICAL RESIDENTS IN VARIOU S SPECIALTIES, MAINTAIN A PHARMACY RESIDENCY PROGRAM, AND PARTNER WITH UNIVERSITIES TO PRO VIDE CLINICAL TRAINING TO NURSING STUDENTS. A COORDINATED RESEARCH ADMINISTRATION FUNCTION OVERSEES SCIENTIFIC AND CLINICAL RESEARCH AT THE ORGANIZATIONS. PROMOTION OF COMMUNITY HE ALTH GRANTS, CASH CONTRIBUTIONS AND SPONSORSHIPS TO COMMUNITY NONPROFIT ORGANIZATIONS AND CHARITY EVENTS WERE MADE TO: NOGLSTP LEGACY LA NATIONAL DIVERSITY COUNSEL LAUSD NURSING CR EDITS UNITED HEALTHCARE CHILDREN'S FOUNDATION AMERICAN LUNG ASSOCIATION AYSO 8U GIRLS YOUT H SOCCER TEAM "GREEN SUPER GIRLS" LEUKEMIA &amp; LYMPHOMA SOCIETY STOMACH CANCER AWARENESS NET WORK ALS ASSOCIATION GOLDEN WEST CHAPER NORRIS PATIENT EDUCATION AND OUTREACH CENTER (PEOC) THE JEWISH FEDERATION HEALTHCARE PROFESSIONALS BONNIE J. ADDARIO LUNG CANCER FOUNDATION M ETHODIST HOSPITAL FOUNDATION UPC STUDENT AFFAIRS &amp; MARKETING LOS ANGELES COUNTY CHAPTER OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION KOREAN AMERICAN MEDICAL ASSOCIATION OF SOUTHE RN CALIFORNIA USC LESLIE AND WILLIAM MCMORROW NEIGHBORHOOD ACADEMIC INITIATIVE AHA &amp; KECK MEDICINE OF USC AAMS AMERICAN FOUNDATION FOR SUICIDE PREVENTION CHOCOLATE RACE - FLINTRIDG E GUILD OF CHILDREN'S HOSPITAL CV CHAMBER HOMETOWN COUNTRY FAIR FAMILY PROMISE OF THE VERD UGOS FREMONT ELEMENTARY SCHOOL GLENDALE EDUCATIONAL FOUNDATION GLENDALE HEALTH FESTIVAL GL ENDALE HEALTH SUMMIT GLENDALE HEALTHIER COMMUNITIES COALITION - EXEC. COM. MTG. GLENDALE P OLICE OFFICERS ASSOCIATION GYMJAM FOUNDATION MONTROSE OKTOBER FEST NUTRITION SERIES PLANNI NG MEETING OB SYMPOSIUM PLANNING MEETING OPERATION WALK LA SALVATION ARMY GLENDALE YMCA OF THE FOOTHILLS YMCA OF THE FOOTHILLS BOARD RETREAT YWCA OF GLENDALE COMMUNITY HEALTH IMPRO VEMENT 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 TARGET ED THE COMMUNITY AT LARGE, POPULATIONS WITH, OR AT RISK OF, CHRONIC DISEASE, AND POPULATIO NS WITH HEALTH DISPARITIES. EXAMPLES OF COMMUNITY HEALTH EDUCATION ACTIVITIES INCLUDED: - IN PARTNERSHIP WITH THE AMERICAN HEART &amp; STROKE ASSOCIATION, KECK HOSPITAL SPONSORED A TEA CHING GARDEN AT HOLLENBECK MIDDLE SCHOOL AND LINCOLN HIGH SCHOOL FOR THE PURPOSE OF TEACHI NG STUDENTS ABOUT HEALTHY EATING, NUTRITION AND HEALTH AND GENERAL HEALTH PROMOTION PRINCI PLES. - KECK HOSPITAL OF USC HOSTED EDUCATION SEMINARS AND WORKSHOPS ON A VARIETY OF TOPIC S OPEN TO THE PUBLIC AND PROVIDED HEALTH EDUCATION INFORMATIONAL MATERIALS. - PUBLIC HEALT H EDUCATION IN THE MEDIA AND COMMUNITY HEALTH AWARENESS EVENTS TO ENCOURAGE HEALTHY BEHAVI ORS 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: -BARIATR IC SUPPORT GROUP -CAREGIVER SUPPORT GROUP -DEEP BRAIN STIMULATION SUPPORT GROUP -MEDITATIO N GROUP -MINDFULNESS SUPPORT GROUP -MULTIPLE SCLEROSIS SUPPORT GROUP -PARKINSON'S SUPPORT GROUP -STROKE SUPPORT GROUP -TRANSPLANT RECIPIENT AND CAREGIVER SUPPORT -VENTRICULAR ASSIS T DEVICE (VAD) SUPPORT GROUP - THE HOSPITAL SUPPORTED A WEEKLY FARMER'S MARKET AT HAZARD P ARK IN EAST LOS ANGELES. PROFITS FROM THE MARKET PROVIDED FUNDING FOR FRESH FRUITS AND VEG ETABLES FOR THE LOCAL COMMUNITY. ADDITIONALLY, A WEEKLY FARMER'S MARKET WAS HELD ON THE CA MPUS OF THE KECK SCHOOL OF MEDICINE LOCATED IN BOYLE HEIGHTS, PROVIDING FRESH FRUITS AND V EGETABLES TO LOCAL FAMILIES. - THE 22ND PROYECTO PASTORAL WOMEN'S HEALTH CONFERENCE WAS HE LD AT THE DOLORES MISSION IN BOYLE HEIGHTS. KECK MEDICINE OF USC WAS A SPONSOR OF THIS YEA R'S EVENT. OVER 400 WOMEN ATTENDED WORKSHOPS AND LECTURES THAT FOCUSED ON HEALTH, WELLNESS , AND PERSONAL EMPOWERMENT. BLOOD PRESSURE SCREENINGS WERE PROVIDED TO 260 ATTENDEES, TEAC HING THE COMMUNITY ABOUT STROKE WARNING SIGNS, RISK FACTORS, AND STROKE PREVENTION. - SIDE WALK EDUCATION EVENTS AT LAC+USC AND UNION STATION PROVIDED DISEASE PREVENTION EDUCATION T O 500 PARTICIPANTS. - MONTHLY, MORE THAN 20 STAFF MEMBERS SPENT AN AFTERNOON TO PURCHASE, PREPARE AND SERVE HEALTHY MEALS TO MORE THAN 60 ELDERLY MEN AND WOMEN RECEIVING SHELTER AT THE DOLORES MISSION. - THE ANNUAL CARNIVAL OF LOV</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>E ON SKID ROW PROVIDED SERVICES FOR 250 HOMELESS LOS ANGELES RESIDENTS. KECK MEDICINE OF USC PARTICIPATED AND DISTRIBUTED HYGIENE KITS, SUNSCREEN, HEALTH EDUCATION MATERIALS, AND BLOOD PRESSURE SCREENING FOR 200 PERSONS. - THE HOSPITAL HELD A BLOOD PRESSURE SYMPOSIUM WITH THE AMERICAN HEART ASSOCIATION. - THE HOSPITAL DISTRIBUTED EDUCATIONAL MATERIALS AT THE PASADENA MARATHON AND LA MARATHON EXPO. - AT THE WOMEN'S HEALTH EXPO AT THE LONG BEACH CONVENTION CENTER, HOSPITAL STAFF PROVIDED EDUCATIONAL MATERIALS TO 59 INDIVIDUALS. COMMUNITY BASED CLINICAL SERVICES - THE ROXANNA TODD HODGES STROKE CLINIC OFFERED SCREENING EVENTS IN THE COMMUNITY THAT PROVIDED BLOOD PRESSURE SCREENING FOR 200 PERSONS. IN ADDITION TO THE SCREENINGS, HEALTH EDUCATION WAS PROVIDED ON STROKE PREVENTION. - KECK MEDICINE OF USC SUPPORTED THE HEALTH PAVILION AT THE 2019 LOS ANGELES TIMES FESTIVAL OF BOOKS, ATTRACTING TENS OF THOUSANDS OF GUESTS FOR A WEEKEND OF SCREENINGS AND HEALTH-RELATED ACTIVITIES. OVER TWO DAYS, THE PAVILION SERVED 1,200 GUESTS, PROVIDING PATIENT EDUCATION AND ADMINISTERING 350 BLOOD PRESSURE SCREENINGS. - IN FY 2019, KECK MEDICINE SUPPORTED USC STUDENT HEALTH &amp; WELLNESS WEEK WITH SCREENINGS AND EDUCATIONAL MATERIALS. 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. TELEMEDICINE - KECK HOSPITAL OF USC PROVIDED TELE-STROKE CONSULTATIONS TO SEVERAL CALIFORNIA EMERGENCY DEPARTMENTS. THIS ENABLED PATIENTS TO ACCESS CRITICAL SPECIALTY SERVICES, REGARDLESS OF THEIR ABILITY TO PAY. 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: - ADOLESCENT AND YOUNG ADULT CANCER SUPPORT GROUP FOR PARENTS AND CAREGIVERS - BLADDER CANCER SUPPORT GROUP - CAREGIVER SUPPORT GROUP - MINDFULNESS SUPPORT GROUP - PROSTATE CANCER 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.</p>



Form and Line Reference	Explanation
<p>- THE HOSPITAL SUPPORTED A WEEKLY FARMER'S MARKET AT HAZARD</p>	<p>PARK IN EAST LOS ANGELES. PROFITS FROM THE MARKET PROVIDED FOR FRESH FRUITS AND VEGETABLES FOR LOCAL COMMUNITY. ADDITIONALLY, A WEEKLY FARMER'S MARKET WAS HELD ON THE CAMPUS OF THE KECK SCHOOL OF MEDICINE LOCATED IN BOYLE HEIGHTS, PROVIDING FRESH FRUITS AND VEGETABLES TO LOCAL FAMILIES. - THE 22ND PROYECTO PASTORAL WOMEN'S HEALTH CONFERENCE WAS HELD AT THE DOLORES MISSION IN BOYLE HEIGHTS. KECK MEDICINE OF USC WAS A SPONSOR OF THIS YEAR'S EVENT. OVER 400 WOMEN ATTENDED WORKSHOPS AND LECTURES THAT FOCUSED ON HEALTH, WELLNESS, AND PERSONAL EMPOWERMENT. BLOOD PRESSURE SCREENINGS WERE PROVIDED TO 200 ATTENDEES. - SIDEWALK EDUCATION EVENTS AT LAC+USC AND UNION STATION PROVIDED DISEASE PREVENTION EDUCATION TO 500 PARTICIPANTS. - MONTHLY, MORE THAN 20 STAFF MEMBERS SPENT AN AFTERNOON TO PURCHASE, PREPARE AND SERVE HEALTHY MEALS TO MORE THAN 60 ELDERLY MEN AND WOMEN RECEIVING SHELTER AT THE DOLORES MISSION. - 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 200 PERSONS. - THE HOSPITAL DISTRIBUTED EDUCATION MATERIALS AT THE PASADENA MARATHON AND LA MARATHON EXPO. - AT THE WOMEN'S HEALTH EXPO AT THE LONG BEACH CONVENTION CENTER, HOSPITAL STAFF PROVIDED EDUCATIONAL MATERIALS TO 59 INDIVIDUALS. - OVER 175 PERSONS WITH CANCER ENGAGED IN YOGA CLASSES TO INCREASE RELAXATION AND FLEXIBILITY. - CANCER SURVIVORS SHARED THEIR PERSONAL STORIES THROUGH THEIR WRITTEN WORK AS PART OF OUR SURVIVOR AUTHOR SERIES. - PROVIDED CANCER SURVIVORS WITH OPPORTUNITIES TO EXPRESS THEIR CANCER JOURNEY THROUGH ART. COMMUNITY BASED CLINICAL SERVICES - THE ROXANNA TODD HODGES STROKE CLINIC OFFERED SCREENING EVENTS IN THE COMMUNITY THAT PROVIDED BLOOD PRESSURE SCREENING FOR 200 PERSONS. IN ADDITION, HEALTH EDUCATION WAS PROVIDED ON STROKE PREVENTION. - KECK MEDICINE OF USC SUPPORTED THE HEALTH PAVILION AT THE 2019 LOS ANGELES TIMES FESTIVAL OF BOOKS, ATTRACTING TENS OF THOUSANDS OF GUESTS FOR A WEEKEND OF SCREENINGS AND HEALTH-RELATED ACTIVITIES. OVER TWO DAYS, THE PAVILION SERVED 1,200 GUESTS, PROVIDING PATIENT EDUCATION AND ADMINISTERING 350 BLOOD PRESSURE SCREENINGS. 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 MEMBER SEEKING INFORMATION ON CANCER. THE CENTER ALSO PROVIDED OUTREACH ACTIVITIES AND CONDUCTED INFORMATIONAL PROGRAMS. USC VERDUGO HILLS HOSPITAL COMMUNITY HEALTH EDUCATION HEALTH EDUCATION SEMINARS THE HOSPITAL MADE HEALTH EDUCATION SESSIONS AVAILABLE TO THE PUBLIC. SESSIONS ADDRESSED DISEASE PREVENTION AND HEALTH AND WELLNESS, CANCER PREVENTION AND TREATMENT, ART THERAPY, SUICIDE PREVENTION, FLU PREVENTION, HEART HEALTH, WEIGHT LOSS, NUTRITION AND WELLBEING, DISASTER PREPAREDNESS, AGING SMARTER, STROKE AWARENESS, MEN'S HEALTH AND WOMEN'S HEALTH, WHAT TO EXPECT DURING AN ER VISIT, MENINGITIS, MENTAL HEALTH, BONE AND JOINT HEALTH, BRAIN HEALTH, AND HEALTHY AGING. IN FY19, HEALTH EDUCATION SEMINARS REACHED OVER 2,000 PERSONS. IN ADDITION, THE HOSPITAL HOSTED A SUICIDE PREVENTION AND AWARENESS CONFERENCE, ATTENDED BY 250 PARTICIPANTS. COMMUNITY CPR CLASSES AVAILABLE TO THE COMMUNITY INCLUDED INFANT CPR, BASIC LIFE SUPPORT TRAINING, HEART SAVER AUTOMATED EXTERNAL DEFIBRILLATOR TRAINING, AND BABYSITTER/TEEN CPR CLASSES. 381 INDIVIDUALS RECEIVED TRAINING IN FY 2019. BEGINNINGS EARLY PREGNANCY CLASS AS PART OF THE HOSPITAL'S FAMILY EDUCATION PROGRAM, CLASSES ADDRESSED PREGNANCY-RELATED HEALTH TOPICS, INCLUDING NUTRITION, COMMON DISCOMFORTS OF PREGNANCY, RELAXATION TECHNIQUES AND BABY'S DEVELOPMENT IN THE WOMB. CLASSES WERE OFFERED MONTHLY AND WERE OPEN TO THE PUBLIC; 46 PERSONS PARTICIPATED. A DECISION TO DELIVER AT THE HOSPITAL WAS NOT REQUIRED TO PARTICIPATE. NEW MOTHERS FORUM SUPPORT GROUP 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 AND 266 INDIVIDUALS PARTICIPATED. SUPPORT GROUP AND WORKSHOPS SUPPORT GROUPS AND WORKSHOPS OFFERED BREAST FEEDING ADVICE AND SUPPORT TO NEW MOTHERS AS WELL AS FATHERS. THE SUPPORT GROUPS WERE FACILITATED BY A LACTATION SPECIALIST. OPEN AND FREE TO THE PUBLIC, BABIES IN ARMS WERE WELCOMED. A TO</p>

Form and Line Reference	Explanation
<p>- THE HOSPITAL SUPPORTED A WEEKLY FARMER'S MARKET AT HAZARD</p>	<p>TAL OF 469 INDIVIDUALS PARTICIPATED. INFANT CARE WORKSHOPS THIS CLASS TEACHES NEW AND EXPE CTANT PARENTS PRACTICAL SKILLS FOR NEWBORN CARE, INCLUDING DIAPERING, BATHING, TAKING AN I NFANT'S TEMPERATURE, SAFETY RELATED INFORMATION AND BASIC FIRST AID. 147 INDIVIDUALS ATTEN DED THESE CLASSES. NUTRITION CLASSES VERDUGO HILLS HOSPITAL PROVIDED SEVERAL TEN-WEEK NUTR ITION CLASSES. 350 COMMUNITY MEMBERS PARTICIPATED. COMMUNITY SUPPORT GROUPS HEALTH AND WEL LNESS SUPPORT GROUPS ENCOMPASSING A VARIETY OF HEALTH AND QUALITY OF LIFE ISSUES MET REGUL ARLY AT THE HOSPITAL. HEALTH FAIRS AND HEALTH AWARENESS EVENTS THE HOSPITAL PARTICIPATED I N COMMUNITY EVENTS, PROVIDED FIRST AID AND HOSTED EDUCATIONAL BOOTHS, PROVIDING THE PUBLIC WITH INFORMATION ON RISK PREVENTION AND DISEASE MANAGEMENT. USC VERDUGO HILLS HOSPITAL HO STED ITS ANNUAL HEALTH AND WELLBEING FAIR AND PARTICIPATED IN THE ST. DOMINIC CHURCH HEALT H MINISTRY HEALTH FAIR, GLENDALE HEALTH FESTIVAL, GLENDALE EDUCATIONAL FOUNDATION KIDS FIT NESS CHALLENGE, JPL SAFETY FAIR, LA CANADA ELEMENTARY SCHOOL NUTRITION WEEK, GOLDEN FUTURE S SENIOR EXPO, CRESCENTA VALLEY HOMETOWN COUNTRY FAIR, AND YMCA FIESTA DAYS RUN. AT THESE EVENTS, THE HOSPITAL PROVIDED HEALTH EDUCATION, RESOURCE INFORMATION AND REFERRALS TO HEAL TH AND COMMUNITY SERVICES. IN ADDITION, THEY PROVIDED STROKE SCREENING, BLOOD PRESSURE SCR EENING, BALANCE SCREENING, CHOLESTEROL AND GLUCOSE SCREENINGS FOR 377 PERSONS, AND HANDS-O NLY CPR. COMMUNITY BASED CLINICAL SERVICES LA CAADA UNIFIED SCHOOL DISTRICT TB TESTS USC V ERDUGO HILLS HOSPITAL ADMINISTERED FREE TB SCREENINGS TO LA CAADA UNIFIED SCHOOL DISTRICT (LCUSD) AND CRESCENTA VALLEY SCHOOLS (GUSD) PARENT VOLUNTEERS. THIS COMMUNITY PROGRAM PROV IDED TB TESTS TO 345 PERSONS. INFLUENZA IMMUNIZATION CLINIC USC VERDUGO HILLS HOSPITAL OFF ERED 305 FREE FLU VACCINES IN THE COMMUNITY. MAMMOGRAM SCREENINGS USC VERDUGO HILLS HOSPIT AL PROVIDED 19 LOW-COST MAMMOGRAM SCREENINGS FOR WOMEN IN LA CAADA FLINTRIDGE, GLENDALE AN D MONTROSE. HEALTH CARE SUPPORT SERVICES TRANSPORTATION SERVICES TRANSPORTATION IS A DOCUM ENTED BARRIER TO ACCESSING HEALTH CARE SERVICES. THE HOSPITAL PAID FOR TAXI VOUCHERS, AMBU LANCE SERVICES AND VAN TRANSPORTATION FOR LOW-INCOME PATIENTS AND FAMILIES WHO COULD NOT A FFDOR TRANSPORTATION TO OBTAIN NEEDED HEALTH CARE SERVICES. OTHER SUPPORT SERVICES VERDUGO HILLS HOSPITAL PROVIDED MEDICATIONS AND SHORT-TERM HOUSING SUPPORT FOR INDIGENT INDIVIDUA LS. IN ADDITION, THE HOSPITAL FINANCED MENTAL HEALTH CARE SERVICES FOR VULNERABLE PATIENTS WHO NEEDED PSYCHIATRIC CARE. THE GOVERNING BOARDS OF ORGANIZATIONS INCLUDED IN THIS GROUP RETURN IS COMPRISED OF MEMBERS OF THE COMMUNITIES SERVED, USC FACULTY AND STAFF. COMMUNIT Y MEMBERS ARE NOT COMPENSATED FOR THEIR TIME ON THE BOARD. EACH FACILITY IDENTIFIED IN PAR T V OF SCHEDULE H MAINTAINS AN OPEN MEDICAL STAFF EXCEPT IN THOSE INSTANCES WHEN A CLINICA L DEPARTMENT IS "CLOSED" IN ACCORDANCE WITH CALIFORNIA LAW FOR HOSPITAL-BASED SERVICES. AS A NONPROFIT ORGANIZATION, ANY SURPLUS OF FUNDS IS INVESTED BACK INTO PROVIDING HEALTH CAR E SERVICES AND RESOURCES TO THE COMMUNITY, INCLUDING BUT NOT LIMITED NEW PATIENT CARE LOCA TIONS AND EQUIPMENT, EXPANDED PROGRAMS AND SERVICES, AND THE TRAINING OF PHYSICIANS, NURSE S AND OTHER PROFESSIONALS INCLUDING PHARMACISTS AND SPEECH, OCCUPATIONAL, PHYSICAL AND RES PIRATORY THERAPISTS. THE HOSPITAL FACILITIES TRAIN MEDICAL RESIDENTS IN VARIOUS SPECIALTIE S, MAINTAIN A PHARMACY RESIDENCY PROGRAM, AND PARTNER WITH UNIVERSITIES TO PROVIDE CLINICA L TRAINING TO NURSING STUDENTS. A COORDINATED RESEARCH ADMINISTRATION FUNCTION OVERSEES SC IENTIFIC AND CLINICAL RESEARCH AT THE ORGANIZATIONS. Part VI, Line 6: AFFILIATED HEALTH CA RE SYSTEM: THE ORGANIZATION SPONSORS NUMEROUS OUTREACH PROGRAMS THROUGHOUT THE LOCAL COMMU NITY, INCLUDING HEALTH FAIRS, FREE HEALTH SCREENINGS AND FLU SHOTS, EDUCATIONAL BOOTHS, AN D SPEAKER SERIES THAT ARE FREE AND OPEN TO THE PUBLIC. IN ADDITION, THE PHYSICIAN FACULTY OF THE KECK SCHOOL OF MEDICINE PROVIDE H</p>

## 990 Schedule H, Supplemental Information

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**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>3</b>		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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
A	<p>FACILITY REPORTING GROUP A KECK HOSPITAL OF USC &amp; USC NORRIS CANCER HOSPITAL PART V, SECTI ON B, LINE 5: EIGHT INTERVIEWS FROM FEBRUARY TO MARCH 2019. COMMUNITY STAKEHOLDERS IDENTIF IED BY THE HOSPITAL WERE CONTACTED AND ASKED TO PARTICIPATE IN THE NEEDS ASSESSMENT. INTER VIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND/OR REPRESENTATIVES OF MEDICALLY UNDERSERV ED, LOW-INCOME, MINORITY POPULATIONS, LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES THAT H AVE CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY. INPUT WAS OBTAINED FROM THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH. THE IDENTIFIED STAK E HOLDERS WERE INVITED BY EMAIL TO PARTICIPATE IN A PHONE INTERVIEW. APPOINTMENTS FOR THE I NTERVIEWS WERE MADE ON DATES AND TIMES CONVENIENT TO THE STAKEHOLDERS. AT THE BEGINNING OF EACH INTERVIEW, THE PURPOSE OF THE INTERVIEW IN THE CONTEXT OF THE NEEDS ASSESSMENT WAS E XPLAINED, THE STAKEHOLDERS WERE ASSURED THEIR RESPONSES WOULD REMAIN CONFIDENTIAL, AND CON SENT TO PROCEED WAS GIVEN. THE FOLLOWING INDIVIDUALS WITH PROMINENT ROLES IN THE MEDICAL C OMMUNITY WERE INTERVIEWED: CRISTIN MONDY CYNTHIA SANCHEZ ELIZABETH NAEVAREZ JENNA FIELDS P AUL SIMON QUENTIN O'BRIEN SOPHIA MARTINI WENONAH VALENTINE INTERVIEW QUESTIONS FOCUSED ON THE FOLLOWING TOPICS: - HEALTH ISSUES IN THE COMMUNITY - CHALLENGES AND BARRIERS PEOPLE FA CE IN ADDRESSING THESE ISSUES - SOCIOECONOMIC, BEHAVIORAL, OR ENVIRONMENTAL FACTORS CONTRI BUTING TO POOR HEALTH IN THE COMMUNITY - POTENTIAL RESOURCES TO ADDRESS THE IDENTIFIED HEA LTH NEEDS, SUCH AS SERVICES, PROGRAMS AND/OR COMMUNITY EFFORTS - ADDITIONAL COMMENTS AND C ONCERNS COMMUNITY ENGAGEMENT KECK MEDICINE OF USC AND USC NORRIS CANCER HOSPITAL COMMISSIO NED THE NATIONAL HEALTH FOUNDATION (NHF) TO CONDUCT A COMMUNITY ENVIRONMENTAL SCAN. THE PU RPOSE OF THE ENVIRONMENTAL SCAN WAS TO CREATE A CLEAR PICTURE OF THE HOSPITAL COMMUNITIES, INCLUDING THEIR SOCIAL, ECONOMIC AND PHYSICAL BARRIERS TO HEALTHY LIVING, AND ENGAGE THE COMMUNITY FOR THEIR PERSPECTIVES ON THESE ISSUES. THE COMMUNITY ENGAGEMENT STRATEGY WAS DE SIGNED TO GATHER COMMUNITY INPUT ON DISPARITIES WITHIN THE HOSPITAL'S SERVICE AREA, UNDERS TAND COMMUNITY RESOURCES, GAUGE GAPS IN SERVICES, AND CLARIFY AND ENHANCE THE COMMUNITY PR OFILE. DATA COLLECTION OCCURRED IN THREE PHASES: COMMUNITY CANVASSING; FOCUS GROUPS; AND C OMMUNITY STAKEHOLDER SURVEYS. COMMENTS FROM COMMUNITY MEMBERS ENGAGED IN THE COMMUNITY ENV IRONMENTAL SCAN ARE PROVIDED THROUGHOUT THE REPORT WHEN AVAILABLE. CANVASSING COMMUNITY CA NVASSING OCCURRED AT TWO LARGE EVENTS ACROSS THE HOSPITAL'S SERVICE AREA. THE EVENTS WERE THE BOYLE HEIGHTS CHRISTMAS PARADE AND THE RAMONA GARDENS HOLIDAY GIFT GIVE AWAY. CANVASSI NG QUESTIONS WERE: 1. WHAT STOPS YOU FROM ACHIEVING YOUR HIGHEST LEVEL OF HEALTH? 2. WHAT DOES YOUR COMMUNITY NEED TO BE HEALTHIER? THE CANVASSING EVENTS ENGAGED 111 RESIDENTS IN A SELF-SERVICE SURVEY WHERE THEY COULD WRITE AND PLACE ANSWERS TO THREE OPEN-ENDED QUESTION S ON POSTER BOARDS. THIS SURVE</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
A	<p>Y METHOD, BASED ON THE DOT SURVEY TECHNIQUE, WAS USED TO INCREASE ACCESS TO SURVEY QUESTIONS FOR PARTICIPANTS, SHOW TRANSPARENCY WITH COMMUNITY RESIDENTS, AND BE AN INTERACTIVE AND PARTICIPATORY ACTIVITY. FOCUS GROUPS DURING CANVASSING EVENTS, LANGUAGE PREFERENCES FOR FOCUS GROUPS WERE DETERMINED AND COMMUNITY RESIDENTS WERE RECRUITED FOR FOCUS GROUP PARTICIPATION. TEN (10) FOCUS GROUPS ENGAGED 108 PERSONS AND WERE CONDUCTED FROM NOVEMBER 2018 TO MARCH 2019. FOCUS GROUPS WERE HELD AT SCHOOLS, PREDOMINANTLY ATTENDED BY PARENTS OF YOUNG CHILDREN, AND AT COMMUNITY CENTERS AND A CLINIC. ONE FOCUS GROUP WAS CONDUCTED WITH A SENIOR CITIZEN GROUP KNOWN AS FRIENDS OF RAMONA GARDENS AT THEIR LOCAL ADULT RECREATION CENTER. EACH OF THE LOCATIONS WAS CHOSEN FOR ITS EASE OF ACCESS TO COMMUNITY MEMBERS AND THE LIKELIHOOD THOSE NEIGHBORS WOULD BE WILLING TO PARTICIPATE. THE FOCUS GROUP QUESTIONS AIMED TO ENGAGE COMMUNITY RESIDENTS IN DISCUSSING CHALLENGES AND NEEDS FOR IMPROVING THEIR HEALTH. 1. WHAT THINGS IN YOUR COMMUNITY NEGATIVELY AFFECT YOUR HEALTH? HOW ARE THEY AFFECTING YOUR HEALTH? 2. WHAT DO YOU BELIEVE ARE THE MOST SIGNIFICANT HEALTH NEEDS FOR YOU AND MEMBERS OF YOUR COMMUNITY? 3. WHAT HEALTH RESOURCES ARE AVAILABLE IN YOUR COMMUNITY? HOW CAN THESE RESOURCES BETTER SERVE TO IMPROVE THE HEALTH OF YOUR COMMUNITY? 4. ARE YOU AWARE OF ANY RESOURCES IN THE COMMUNITY BEING PROVIDED BY THE HOSPITAL? WHAT WOULD YOU LIKE TO SEE THEM PROVIDE? STAKEHOLDER SURVEYS COMMUNITY STAKEHOLDERS WERE IDENTIFIED DURING COMMUNITY CANVASSING AND FOCUS GROUP RECRUITMENT. THE RESPONDING ELEVEN STAKEHOLDERS REPRESENTED A BROAD RANGE OF INTEREST IN THE HOSPITAL'S SERVICE AREA AND INCLUDED LEADERS IN COMMUNITY ORGANIZATIONS AND SCHOOLS. STAKEHOLDER SURVEYS WERE DEVELOPED AND DISSEMINATED ONCE CANVASSING AND FOCUS GROUP THEMES EMERGED. THE SURVEYS SUMMARIZED THE NEEDS AND CONCERNS OF COMMUNITY RESIDENTS, WHICH ALLOWED THE NHF TEAM TO ASK STAKEHOLDERS MORE DIRECT QUESTIONS REGARDING THE SEVERITY OF THE EMERGING ISSUES. STAKEHOLDERS WERE CONTACTED THROUGH EMAIL OR IN PERSON DURING CANVASSING EVENTS AND WERE ASKED TO PARTICIPATE IN AN ANONYMOUS ONLINE SURVEY BASED ON ISSUES RAISED THROUGH COMMUNITY INPUT. THE ONLINE SURVEY WAS ADMINISTERED USING GOOGLE FORMS AND EMAILED TO STAKEHOLDERS WHO EXPRESSED INTEREST IN PARTICIPATING. THE SURVEY USED A LIKERT SCALE FORMAT AND ASKED STAKEHOLDERS TO RANK HOW STRONGLY THEY AGREED OR DISAGREED WITH COMMUNITY CONCERNS OR ISSUES IN THEIR COMMUNITY. STAKEHOLDERS WERE GIVEN THE OPPORTUNITY TO EXPLAIN OR EXPAND ON THEIR ANSWERS WITH A FILL-IN SECTION FOR EACH QUESTION. PART V, SECTION 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 HOSPITAL ACTIVELY ADDRESSES THE HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 CHNA AS "PRIORITY HEALTH NEEDS." THE NEEDS THAT WILL BE ADDRESSED BY KECK HOSPITAL OF USC THROUGH ITS COMMUNITY BENEFIT PROGRAMS</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
A	<p>AND ACTIVITIES ARE: - CHRONIC DISEASES - MENTAL HEALTH - PREVENTATIVE PRACTICES THE NEEDS THAT WILL BE ADDRESSED BY USC NORRIS CANCER HOSPITAL THROUGH ITS COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES ARE: - CANCER AND TREATMENT - OVERWEIGHT/OBESITY - PREVENTATIVE PRACTICES THE IMPLEMENTATION STRATEGIES ADOPTED BY KECK HOSPITAL OF USC AND NORRIS CANCER HOSPITAL ACTIVELY ADDRESS HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 CHNA AS PRIORITY HEALTH NEEDS. KECK HOSPITAL OF USC AND NORRIS CANCER HOSPITAL PLAN 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 FOR EACH HOSPITAL DESCRIBES: ACTIONS THE HOSPITALS INTEND TO TAKE, INCLUDING PROGRAMS AND RESOURCES THEY PLAN TO COMMIT, PLANNED COLLABORATION BETWEEN THE HOSPITALS AND COMMUNITY ORGANIZATIONS, AND ANTICIPATED IMPACTS OF THESE ACTIONS. CERTAIN OTHER HEALTH NEEDS WERE IDENTIFIED BUT ARE NOT SPECIFICALLY ADDRESSED IN THE IMPLEMENTATION STRATEGY. THESE INCLUDE, FOR EXAMPLE: ACCESS TO HEALTH CARE, HOUSING AND HOMELESSNESS, SEXUALLY TRANSMITTED INFECTIONS/HIV/AIDS. 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 IMPACT ON THE PRIORITY HEALTH NEEDS SELECTED. THE SE OTHER HEALTH NEEDS ARE LESS ALIGNED WITH THE HOSPITALS' STRATEGIC INITIATIVES. PART V, SECTION B, LINE 16(A)-(C): <a href="http://WWW.KECKMEDICINE.ORG/FINANCIAL-ASSISTANCE-PROGRAM/">WWW.KECKMEDICINE.ORG/FINANCIAL-ASSISTANCE-PROGRAM/</a> 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>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
B	<p>FACILITY REPORTING GROUP B USC VERDUGO HILLS HOSPITAL PART V, SECTION B, LINE 5: TWELVE IN T E R V I E W S W E R E C O M P L E T E D F R O M J A N U A R Y T O M A R C H 2 0 1 9 . C O M M U N I T Y S T A K E H O L D E R S I D E N T I F I E D B Y T H E H O S P I T A L W E R E C O N T A C T E D A N D A S K E D T O P A R T I C I P A T E I N T H E N E E D S A S S E S S M E N T . I N T E R V I E W E E S I N C L U D E D I N D I V I D U A L S W H O A R E L E A D E R S A N D / O R R E P R E S E N T A T I V E S O F M E D I C A L L Y U N D E R S E R V E D , L O W - I N C O M E , A N D M I N O R I T Y P O P U L A T I O N S , L O C A L H E A L T H O R O T H E R D E P A R T M E N T S O R A G E N C I E S T H A T H A V E C U R R E N T D A T A O R O T H E R I N F O R M A T I O N R E L E V A N T T O T H E H E A L T H N E E D S O F T H E C O M M U N I T Y . I N P U T W A S O B T A I N E D F R O M T H E L O S A N G E L E S D E P A R T M E N T O F P U B L I C H E A L T H . T H E I D E N T I F I E D S T A K E H O L D E R S W E R E I N V I T E D B Y E M A I L T O P A R T I C I P A T E I N A P H O N E I N T E R V I E W . A P P O I N T M E N T S F O R T H E I N T E R V I E W S W E R E M A D E O N D A T E S A N D T I M E S C O N V E N I E N T T O T H E S T A K E H O L D E R S . A T T H E B E G I N N I N G O F E A C H I N T E R V I E W , T H E P U R P O S E O F T H E I N T E R V I E W I N T H E C O N T E X T O F T H E N E E D S A S S E S S M E N T W A S E X P L A I N E D , T H E S T A K E H O L D E R S W E R E A S S U R E D T H E I R R E S P O N S E S W O U L D R E M A I N C O N F I D E N T I A L , A N D C O N S E N T T O P R O C E E D W A S G I V E N . T H E F O L L O W I N G I N D I V I D U A L S W I T H P R O M I N E N T R O L E S I N T H E M E D I C A L C O M M U N I T Y W E R E I N T E R V I E W E D : R A C H E L A B E L S O N A R A A I R A P E T I A N L U C I N D A G U A R I N O T O Y I N I N D E H E N K I M I K O K E L L Y M A R Y L Y N N E K N I G H T O N R A C H E L K O O N S E C R I S T I N M O N D Y C H R I S T I A N P O R T P A U L S I M O N C O D Y S M I T H N A Y R I V A R T A I N I A N I N T E R V I E W Q U E S T I O N S F O C U S E D O N T H E F O L L O W I N G T O P I C S : - H E A L T H I S S U E S I N T H E C O M M U N I T Y - C H A L L E N G E S A N D B A R R I E R S P E O P L E F A C E I N A D D R E S S I N G T H E S E I S S U E S - S O C I O E C O N O M I C , B E H A V I O R I A L , O R E N V I R O N M E N T A L F A C T O R S C O N T R I B U T I N G T O P O O R H E A L T H I N T H E C O M M U N I T Y - P O T E N T I A L R E S O U R C E S T O A D D R E S S T H E I D E N T I F I E D H E A L T H N E E D S , S U C H A S S E R V I C E S P R O G R A M S A N D / O R C O M M U N I T Y E F F O R T S - A D D I T I O N A L C O M M E N T S A N D C O N C E R N S C O M M U N I T Y E N G A G E M E N T K E C K M E D I C I N E C O M M I S S I O N E D T H E N A T I O N A L H E A L T H F O U N D A T I O N ( N H F ) T O C O N D U C T A C O M M U N I T Y E N V I R O N M E N T A L S C A N T O C R E A T E A M O R E T H R E E D I M E N S I O N A L P I C T U R E O F T H E H O S P I T A L C O M M U N I T I E S , I N C L U D I N G T H E I R S O C I A L , E C O N O M I C A N D P H Y S I C A L B A R R I E R S T O H E A L T H Y L I V I N G , A N D E N G A G E T H E C O M M U N I T Y F O R T H E I R P E R S P E C T I V E S O N T H E S E I S S U E S . T H E C O M M U N I T Y E N G A G E M E N T S T R A T E G Y W A S D E S I G N E D T O G A T H E R C O M M U N I T Y I N P U T O N D I S P A R I T I E S W I T H I N T H E H O S P I T A L ' S S E R V I C E A R E A , U N D E R S T A N D C O M M U N I T Y R E S O U R C E S , G A U G E G A P S I N S E R V I C E S , C L A R I F Y A N D E N H A N C E T H E C O M M U N I T Y P R O F I L E A N D P R O V I D E R E C O M M E N D A T I O N S F O R S T R A T E G I E S A N D I N V E S T M E N T S T H A T C O U L D A D D R E S S C O M M U N I T Y C O N C E R N S A N D H E A L T H D I S P A R I T I E S . D A T A C O L L E C T I O N O C C U R R E D I N T H R E E P H A S E S : C O M M U N I T Y C A N V A S S I N G ; F O C U S G R O U P S ; A N D C O M M U N I T Y S T A K E H O L D E R S U R V E Y S . C A N V A S S I N G C O M M U N I T Y C A N V A S S I N G O C C U R R E D A T F O U R L A R G E E V E N T S A C R O S S T H E H O S P I T A L ' S S E R V I C E A R E A : S U N L A N D - T U J U N G A F A R M E R S ' M A R K E T ; T W O C O M M U N I T Y M O V I E N I G H T S H O S T E D B Y L O S A N G E L E S C I T Y C O U N C I L M E M B E R M O N I C A R O D R I G U E Z ( L O S A N G E L E S C O U N C I L D I S T R I C T 7 ) A T R E C R E A T I O N C E N T E R S I N S Y L M A R A N D L A K E V I E W T E R R A C E ; A N D A T " C O N C E R T I N T H E P A R K " A T V E R D U G O H I L L S P A R K H O S T E D B Y T H E C I T Y O F G L E N D A L E C O M M U N I T Y S E R V I C E A N D P A R K S D E P A R T M E N T . C A N V A S S I N G Q U E S T I O N S W E R E : 1 . W H A T D O E S A H E A L T H Y C O M M U N I T Y L O O K L I K E T O Y O U ? 2 . W H A T S T O P S Y O U F R O M A C H I E V I N G</p>



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
B	<p>G YOUR HIGHEST LEVEL OF HEALTH? 3. WHAT DOES YOUR COMMUNITY NEED TO BE HEALTHIER? THE CANVASSING EVENTS ENGAGED 71 RESIDENTS IN A SELF-SERVICE SURVEY WHERE THEY COULD WRITE AND PLACE ANSWERS TO THREE OPEN-ENDED QUESTIONS ON POSTER BOARDS. THIS SURVEY METHOD, BASED ON THE DOT SURVEY TECHNIQUE, WAS USED TO INCREASE ACCESS TO SURVEY QUESTIONS FOR PARTICIPANTS, SHOW TRANSPARENCY WITH COMMUNITY RESIDENTS, BE AN INTERACTIVE AND PARTICIPATORY ACTIVITY, AND INCREASE EASE FOR TALLYING ANSWERS. FOCUS GROUPS DURING CANVASSING EVENTS, LANGUAGE PREFERENCES FOR FOCUS GROUPS WERE DETERMINED AND COMMUNITY RESIDENTS WERE RECRUITED FOR FOCUS GROUPS PARTICIPATION. SIX (6) FOCUS GROUPS ENGAGED 65 PERSONS AND WERE CONDUCTED FROM JULY TO OCTOBER, 2018. FOCUS GROUPS WERE PRIMARILY HELD AT PARENT CENTERS IN ELEMENTARY AND MIDDLE SCHOOLS, PREDOMINANTLY ATTENDED BY PARENTS OF YOUNG CHILDREN. ONE FOCUS GROUP WAS HELD FOR SENIOR CITIZENS AT AN ADULT RECREATION COMPLEX AND ANOTHER CONSISTED OF HIGH SCHOOL YOUTH. EACH OF THESE LOCATIONS WAS CHOSEN FOR ITS EASE OF ACCESS TO COMMUNITY MEMBERS AND THE LIKELIHOOD THOSE NEIGHBORS WOULD BE WILLING TO PARTICIPATE. THE FOCUS GROUP QUESTIONS AIMED TO ENGAGE COMMUNITY RESIDENTS IN DISCUSSING CHALLENGES AND NEEDS FOR IMPROVING THE IR HEALTH. 1. WHAT THINGS IN YOUR COMMUNITY NEGATIVELY AFFECT YOUR HEALTH? HOW ARE THEY AFFECTING YOUR HEALTH? 2. WHAT DO YOU BELIEVE ARE THE MOST SIGNIFICANT HEALTH NEEDS FOR YOU AND MEMBERS OF YOUR COMMUNITY? 3. WHAT HEALTH RESOURCES ARE AVAILABLE IN YOUR COMMUNITY? HOW CAN THESE RESOURCES BETTER SERVE TO IMPROVE THE HEALTH OF YOUR COMMUNITY? 4. ARE YOU AWARE OF ANY RESOURCES IN THE COMMUNITY BEING PROVIDED BY THE HOSPITAL? WHAT WOULD YOU LIKE TO SEE THEM PROVIDE? STAKEHOLDER SURVEYS COMMUNITY STAKEHOLDERS WERE IDENTIFIED DURING COMMUNITY CANVASSING AND FOCUS GROUP RECRUITMENT. EXECUTIVE LEADERS IN COMMUNITY ORGANIZATIONS OR SCHOOLS, OR INDIVIDUALS HEAVILY INVOLVED IN ADDRESSING COMMUNITY ISSUES THROUGH LOCAL GOVERNMENT WERE IDENTIFIED AS QUALIFIED STAKEHOLDERS. THE RESPONDING STAKEHOLDERS REPRESENTED A BROAD RANGE OF INTEREST IN THE HOSPITAL'S SERVICES AREA AND INCLUDED NONPROFIT LEADERS, SCHOOL PRINCIPALS, POLICE DEPARTMENT REPRESENTATIVES AND LOCAL GOVERNMENT OFFICIALS. STAKEHOLDER SURVEYS WERE DEVELOPED AND DISSEMINATED ONCE CANVASSING AND FOCUS GROUP THEMES EMERGED. THE SURVEYS SUMMARIZED THE NEEDS AND CONCERNS OF COMMUNITY RESIDENTS, WHICH ALLOWED THE NHF TEAM TO ASK STAKEHOLDERS MORE DIRECT QUESTIONS REGARDING THE SEVERITY OF THE EMERGING ISSUES. STAKEHOLDERS WERE CONTACTED THROUGH EMAIL OR IN PERSON DURING CANVASSING EVENTS AND WERE ASKED TO PARTICIPATE IN AN ANONYMOUS ONLINE SURVEY BASED ON CONCERNS RAISED THROUGH COMMUNITY INPUT. THE ONLINE SURVEY WAS ADMINISTERED USING GOOGLE FORMS AND EMAILED TO STAKEHOLDERS WHO EXPRESSED INTEREST IN PARTICIPATING. THE SURVEY USED A LIKERT SCALE FORMAT AND ASKED STAKEHOLDERS TO RANK HOW STRONGLY THEY AGREED OR DISAGREED WITH COMMUNITY CONCERNS OR ISSUES BEING PRESENTED.</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
B	<p>ENT IN THEIR COMMUNITY. STAKEHOLDERS WERE GIVEN THE OPPORTUNITY TO EXPLAIN OR EXPAND ON TH EIR ANSWER WITH A FILL-IN SECTION BELOW EACH QUESTION. TWELVE STAKEHOLDERS RESPONDED TO TH E SURVEY. PART V, SECTION B, LINE 11: THE SIGNIFICANT HEALTH NEEDS IDENTIFIED FROM THE 201 9 CHNA WERE PRIORITIZED BY COMMUNITY STAKEHOLDERS THROUGH A STRUCTURED PROCESS USING DEFIN ED CRITERIA. THIS IMPLEMENTATION STRATEGY FOCUSES ON THE PRIORITY HEALTH NEEDS THAT WILL B E ADDRESSED BY USC VERDUGO HILLS HOSPITAL THROUGH ITS COMMUNITY BENEFIT PROGRAMS AND ACTIV ITIES. THEY ARE: - ACCESS TO HEALTH CARE - CHRONIC DISEASES - MENTAL HEALTH - PREVENTIVE P RACTICES - SENIOR HEALTH THE 2019 IMPLEMENTATION STRATEGY ADOPTED BY USC VERDUGO HILLS HOS PITAL 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 THRO UGH 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 IN TENDS 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 VERDU GO HILLS HOSPITAL WILL INVESTIGATE THE DEVELOPMENT OF A COMMUNITY GRANTS PROGRAM TO PROVID E FINANCIAL AND IN-KIND SUPPORT TO COMMUNITY ORGANIZATIONS ADDRESSING THESE NEEDS. OTHER H EALTH NEEDS WERE IDENTIFIED BUT ARE NOT SPECIFICALLY ADDRESSED IN THE IMPLEMENTATION STRAT EGY. THESE INCLUDE: ECONOMIC INSECURITY, DENTAL CARE, OVERWEIGHT AND OBESITY, SEXUALLY TRA NSMITTED INFECTIONS, SUBSTANCE USE AND MISUSE, AND TRANSPORTATION. WHILE THESE ISSUES ARE ADDRESSED ON A DAY-TO-DAY BASIS IN THE NORMAL COURSE OF OPERATIONS, THE HOSPITAL HAS CHOSE N NOT TO FOCUS THIS IMPLEMENTATION PLAN ON THESE OTHER NEEDS AS IT BELIEVES THAT IT CAN HA VE A GREATER IMPACT ON THE PRIORITY HEALTH NEEDS THAT WERE SELECTED. THESE OTHER HEALTH NE EDS ARE LESS ALIGNED WITH THE HOSPITAL'S STRATEGIC INITIATIVES. PART V, SECTION B, LINE 16 (A)-(C): <a href="https://uscvhh.org/patients-and-visitors/financial-information">HTTPS://USCVHH.ORG/PATIENTS-AND-VISITORS/FINANCIAL-INFORMATION</a> PART V, SECTION B, LINE 16(J): PLEASE REFER TO PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE IN PART VI. P ART V, SECTION B, LINE 20(E): THE HOSPITALS NOTIFIED INDIVIDUALS OF THE FINANCIAL ASSISTAN CE POLICY IN COMMUNICATIONS WITH THE INDIVIDUALS REGARDING THE INDIVIDUALS' BILLS.</p>

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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...
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.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 20
3 Enter total number of other organizations listed in the line 1 table . . . . . 0

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Student financial aid	29100	615,913,754		n/a	n/a
(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	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 \$615 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.

**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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Playworks Southern California 460 E Carson Plaza Dr Carson, CA 90746	94-3251867	501(C)(3)	32,500				GENERAL SUPPORT
Community Partners 1000 N Alameda St Los Angeles, CA 90012	95-4302067	501(C)(3)	1,024,595				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The Jester & Pharley Phund PO Box 817 Palos Verdes Estates, CA 90274	95-4785834	501(C)(3)	22,600				GENERAL SUPPORT
826LA 1714 W Sunset Blvd Los Angeles, CA 90026	38-3722092	501(C)(3)	19,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Pacific Asian Consortium in Employment 1055 Wilshire Blvd LOS ANGELES, CA 90017	51-0192025	501(C)(3)	18,000				GENERAL SUPPORT
California African American Museum 1149 S Hill Street LOS ANGELES, CA 90015	91-6001948	501(C)(3)	17,800				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Clinica Msr Oscar A Romero 123 S Alvarado St LOS ANGELES, CA 90057	95-3881333	501(C)(3)	30,400				GENERAL SUPPORT
24th Street Theatre 1117 W 24th St LOS ANGELES, CA 90007	95-4607337	501(C)(3)	36,150				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITE-LA 350 S Bixel St LOS ANGELES, CA 90017	82-0576380	501(C)(3)	20,800				GENERAL SUPPORT
Hollenbeck Police Activities League (HPAL) 126 N St Louis St LOS ANGELES, CA 90033	01-0780689	501(C)(3)	27,550				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Redeemer Community Partnership PO Box 180499 LOS ANGELES, CA 90018	91-2144336	501(C)(3)	21,400				GENERAL SUPPORT
Community Services Unlimited Inc PO Box 62696 LOS ANGELES, CA 90062	95-3218396	501(C)(3)	28,500				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Groceryships 3655 S Grand Avenue LOS ANGELES, CA 90007	46-4312265	501(C)(3)	20,000				GENERAL SUPPORT
Al Otro Lado PO Box 32578 LOS ANGELES, CA 90032	47-2910078	501(C)(3)	39,750				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NFTE GREATER LOS ANGELES 350 S BIXEL ST SUITE 280 LOS ANGELES, CA 90017	13-3408731	501(C)(3)	12,200				GENERAL SUPPORT
Violence Intervention Program 1721 Griffin Avenue Los Angeles, CA 90031	30-0017808	501(C)(3)	30,300				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LAUSD Nursing Credits 333 S Beaudry Ave Los Angeles, CA 90017	68-0503221	501(c)(3)	6,000				General Support
The Patient Edu & Comm Outreach Center (PEOC) PO Box 1750 El Granada, CA 94018	94-2291104	501(c)(3)	10,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Leukemia and Lymphoma Society in NY 3 International Dr Rye Brook, NY 10573	13-5644916	501(c)(3)	10,000				General Support
UPC Student Affairs & Marketing 1102 Q St Ste 4800 Sacramento, CA 95811	38-3686586	501(c)(3)	20,000				General Support

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
University of Southern California

Employer identification number  
95-1642394

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	No
<b>2</b> 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?	<b>2</b>	Yes
<b>3</b> 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.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	Yes
<b>8</b> 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.	<b>8</b>	Yes
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	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.

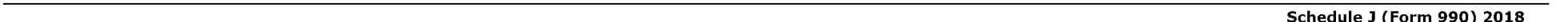
Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A AND LINE 1B:	<p>FIRST-CLASS TRAVEL: THE UNIVERSITY OF SOUTHERN CALIFORNIA REQUIRES THAT ECONOMY-CLASS (COACH) TRAVEL BE UTILIZED FOR UNIVERSITY BUSINESS. FIRST AND BUSINESS CLASS AIR TRAVEL IS ONLY ALLOWED WHEN THERE IS ADVANCE WRITTEN APPROVAL, 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 2018 INCLUDED FIVE OFFICERS. CHARTER TRAVEL: THE UNIVERSITY OF SOUTHERN CALIFORNIA UTILIZES CHARTER TRAVEL ON OCCASION FOR ATHLETIC TEAM EVENTS AND OTHER UNIVERSITY BUSINESS 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 2018 INCLUDED ONE OFFICER, TWO TRUSTEES, AND ONE HIGHEST COMPENSATED EMPLOYEE. TRAVEL FOR COMPANIONS: THE UNIVERSITY OF SOUTHERN CALIFORNIA GENERALLY PAYS FOR COMPANION TRAVEL ONLY 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 OR THE VALUE OF THE COMPANION TRAVEL WILL BE INCLUDED AS TAXABLE COMPENSATION TO THE EMPLOYEE. THE INDIVIDUALS LISTED IN FORM 990, PART VII WHO WERE PROVIDED WITH COMPANION TRAVEL FOR BUSINESS PURPOSES DURING CALENDAR YEAR 2018 INCLUDED ONE OFFICER, TWO TRUSTEES, AND ONE HIGHEST COMPENSATED EMPLOYEE. THE VALUE OF THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). TAX GROSS-UP PAYMENTS: DURING CALENDAR YEAR 2018 ONE OFFICER RECEIVED TAX GROSS-UP PAYMENTS. THE PAYMENTS ARE REPORTED ON FORM W-2 AS TAXABLE COMPENSATION AND ARE REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). HOUSING ALLOWANCE: ONE OFFICER RECEIVED A HOUSING ALLOWANCE DURING CALENDAR YEAR 2018 WHICH WAS PROVIDED FOR IN THAT OFFICER'S 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 (DR. NIKIAS) IS NOT REPORTED ON FORM W-2 AS TAXABLE INCOME AS THE PRESIDENT WAS 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). AFTER STEPPING DOWN AS PRESIDENT OF THE UNIVERSITY IN AUGUST 2018, DR. NIKIAS CONTINUED TO RESIDE IN THE RESIDENTIAL HOME FOR THE REMAINDER OF THE CALENDAR YEAR. THE LODGING COST FOR THIS PORTION OF THE YEAR WAS REPORTED ON FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: PAYMENT TO OR REIMBURSEMENT FOR AN INDIVIDUAL'S MEMBERSHIP IN, OR DUES TO, A PRIVATE CLUB FOR BUSINESS PURPOSES IS MADE AVAILABLE IN CERTAIN EMPLOYMENT CONTRACTS OR IS OTHERWISE APPROVED BY THE APPLICABLE SENIOR VICE PRESIDENT OR THE PRESIDENT. THE VALUE OF MEMBERSHIPS PROVIDED FOR BUSINESS PURPOSES IS NOT INCLUDED IN AN INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME. ANY PERSONAL USE OF THESE MEMBERSHIPS IS PAID FOR BY THE INDIVIDUAL. THE INDIVIDUALS LISTED IN FORM 990, PART VII WHO WERE PROVIDED WITH MEMBERSHIP IN, OR DUES TO, A PRIVATE CLUB DURING CALENDAR YEAR 2018 INCLUDED SEVEN OFFICERS, FOUR KEY EMPLOYEES, ONE HIGHEST COMPENSATED EMPLOYEE, ONE FORMER OFFICER, AND TWO FORMER KEY EMPLOYEES. PERSONAL SERVICES: CERTAIN INDIVIDUALS RECEIVED PERSONAL SERVICES, INCLUDING FINANCIAL PLANNING. SUCH SERVICES ARE MADE AVAILABLE IN EMPLOYMENT CONTRACTS AND THE VALUE OF THE SERVICES, IF USED, WAS INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). THE LISTED INDIVIDUALS WHO RECEIVED SUCH BENEFIT DURING CALENDAR YEAR 2018 INCLUDED SIX OFFICERS, ONE HIGHEST COMPENSATED EMPLOYEE AND ONE FORMER OFFICER. ONE OFFICER RECEIVED THE SERVICES OF A CAR AND DRIVER. SUCH SERVICES WERE APPROVED AS PART OF THAT OFFICER'S EMPLOYMENT CONTRACT, AND THE VALUE OF TAXABLE SERVICES WAS INCLUDED IN THAT OFFICER'S FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III).</p>

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J, PART I, LINE 4A:	THOMAS S. SAYLES RECEIVED \$505,600 IN CONNECTION WITH HIS RESIGNATION OF HIS POSITION AND SEPARATION FROM THE UNIVERSITY. THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). ROHIT VARMA RECEIVED \$1,550,000 IN CONNECTION WITH HIS RESIGNATION OF HIS POSITION AND SEPARATION FROM THE UNIVERSITY. THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III).

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B:	<p>CHRYSOSTOMOS L. NIKIAS: DURING CALENDAR YEAR 2018, 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 ANNUALLY THROUGH 8/3/2019. THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). UNDER THE SECOND PLAN, AN AMOUNT DEFINED UNDER THE PLAN WAS CREDITED BY THE UNIVERSITY DURING 2018 AND \$2,080,552 WAS VESTED AND PAID DURING 2018. THE AMOUNT VESTED DURING 2018 IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). 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 \$58,000 HAS BEEN INCLUDED AS DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN (C) FOR CALENDAR YEAR 2018. AN AMOUNT EQUAL TO \$265,564 VESTED AND WAS PAID DURING 2018. THE AMOUNT PAID DURING 2018 IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(II). ALBERT R. CHECCIO: DURING CALENDAR YEAR 2018, THE SR VP/UNIVERSITY ADVANCEMENT PARTICIPATED IN A RETENTION PROGRAM. A PAYMENT IN THE TOTAL AMOUNT OF \$1,000,000 (ACCRUED AT \$250,000 PER YEAR) VESTED AND BECAME PAYABLE ON JUNE 30, 2018. THE AMOUNT PAID DURING 2018 IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(II). THIS PLAN WAS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, CONTINGENT UPON CONTINUED EMPLOYMENT AND PERFORMANCE METRICS. JAMES M. STATEN: DURING CALENDAR YEAR 2018, 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.</p>

<b>Return Reference</b>	<b>Explanation</b>
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.

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J, PART I, LINE 8:	THE INTERIM SENIOR VICE PRESIDENT, UNIVERSITY RELATIONS, THE SENIOR VICE PRESIDENT, ADMINISTRATION, AND THE SECRETARY OF THE UNIVERSITY ARE SERVING UNDER THEIR INITIAL CONTRACTS 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				
WANDA M AUSTIN SEE SCHEDULE O FOR TITLE	(i)	599,266		37,053	27,500	8,922	672,741	0
	(ii)	-----	0	0	0	0	0	0
CHRYSOSTOMOS L NIKIAS SEE SCHEDULE O FOR TITLE	(i)	1,467,315		5,485,157	593,750	108,716	7,654,938	1,487,000
	(ii)	-----	0	0	0	0	0	0
CAROL MAUCH AMIR SEE SCHEDULE O FOR TITLE	(i)	710,334	100,000	102,750	27,500	36,437	977,021	0
	(ii)	-----	0	0	0	0	0	0
DAVID BROWN SEE SCHEDULE O FOR TITLE	(i)	223,671		29,130	26,642	35,000	314,443	0
	(ii)	-----	0	0	0	0	0	0
ALBERT R CHECCIO SENIOR VP, UNIV. ADVANCEMENT	(i)	585,278	1,150,000	306,598	27,500	24,477	2,093,853	1,000,000
	(ii)	-----	0	0	0	0	0	0
CAROLYN DOMEN-BROSHEARS SEE SCHEDULE O FOR TITLE	(i)	220,920	35,000	42,165	27,500	4,977	330,562	0
	(ii)	-----	0	0	0	0	0	0
THOMAS E JACKIEWICZ SVP & CEO FOR KECK MEDICINE	(i)	1,553,121	520,000	379,987	27,500	29,252	2,509,860	0
	(ii)	-----	0	0	0	0	0	0
MICHAEL QUICK PROVOST/SR VP ACADEMIC AFFAIRS	(i)	761,991	150,000	150,955	27,500	10,546	1,100,992	0
	(ii)	-----	0	0	0	0	0	0
THOMAS S SAYLES SR VP, UNIV REL (TIL 10/2/18)	(i)	310,505	100,000	640,168	27,500	11,691	1,089,864	0
	(ii)	-----	0	0	0	0	0	0
JAMES M STATEN SR VP, FINANCE & CFO	(i)	1,374,529	150,000	303,159	127,500	34,051	1,989,239	0
	(ii)	-----	0	0	0	0	0	0
DAVID W WRIGHT SEE SCHEDULE O FOR TITLE	(i)	276,376	17,000	131,487	27,500	50,915	503,278	0
	(ii)	-----	0	0	0	0	0	0
JAMES G ELLIS DEAN-MARSHALL SCHOOL OF BUS.	(i)	566,469	70,000	37,858	27,500	24,466	726,293	0
	(ii)	-----	0	0	0	0	0	0
LISA ANN MAZZOCCO CHIEF INVESTMENT OFFICER	(i)	686,057	265,564	105,873	85,500	25,457	1,168,451	215,200
	(ii)	-----	0	0	0	0	0	0
AMBER MILLER SEE SCHEDULE O FOR TITLE	(i)	490,500	48,000	77,625	27,500	24,594	668,219	0
	(ii)	-----	0	0	0	0	0	0
LAURA MOSQUEDA DEAN-KECK SCHOOL OF MEDICINE	(i)	735,130	200,000	87,057	27,500	13,591	1,063,278	0
	(ii)	-----	0	0	0	0	0	0
YANNIS C YORTSOS DEAN-VITERBI SCHOOL OF ENG.	(i)	420,095	60,000	21,650	27,500	26,977	556,222	0
	(ii)	-----	0	0	0	0	0	0
ANDY ENFIELD HEAD BASKETBALL COACH	(i)	2,717,900	50,000	297,314	27,500	34,058	3,126,772	0
	(ii)	-----	0	0	0	0	0	0
INDERBIR SINGH GILL MD PROF & CHAIR - UROLOGY	(i)	2,196,542		469,006	27,500	92,852	2,785,900	0
	(ii)	-----	0	0	0	0	0	0
CHARLES HELTON HEAD FOOTBALL COACH	(i)	3,970,108	50,000	435,964	27,500	85,935	4,569,507	0
	(ii)	-----	0	0	0	0	0	0
VAUGHN A STARNES MD CHAIR & DIST PROF SURGERY	(i)	2,627,723		260,733	27,500	35,120	2,951,076	0
	(ii)	-----	0	0	0	0	0	0





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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**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
<b>A</b> CEFA - SERIES 2009C	52-1705592	130178TF3	07-09-2009	91,457,316	REFINANCING SERIES 1998A AND 1999		X		X		X
<b>B</b> CEFA - SERIES 2012A	52-1705592	130178R81	08-29-2012	52,904,681	REFINANCING SERIES 2003A&C		X		X		X
<b>C</b> 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	
<b>1</b> Amount of bonds retired . . . . .	5,491,390		5,908,043		2,935,535			
<b>2</b> Amount of bonds legally defeased . . . . .	0		0		0			
<b>3</b> Total proceeds of issue . . . . .	91,457,316		52,904,681		53,127,773			
<b>4</b> Gross proceeds in reserve funds . . . . .	0		0		0			
<b>5</b> Capitalized interest from proceeds . . . . .	0		0		0			
<b>6</b> Proceeds in refunding escrows . . . . .	0		0		0			
<b>7</b> Issuance costs from proceeds . . . . .	734,160		574,965		496,785			
<b>8</b> Credit enhancement from proceeds . . . . .	0		0		0			
<b>9</b> Working capital expenditures from proceeds . . . . .	0		0		0			
<b>10</b> Capital expenditures from proceeds . . . . .	0		0		0			
<b>11</b> Other spent proceeds . . . . .	90,723,156		52,392,716		52,630,988			
<b>12</b> Other unspent proceeds . . . . .	0		0		0			
<b>13</b> Year of substantial completion . . . . .								
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .	X			X	X			
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X	X			X		
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .				X		X		
<b>2</b> 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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .				X	X			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .			X		X			
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X		X			
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0 %		0.020 %		0.010 %		
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶				0 %		0.060 %		
<b>6</b> Total of lines 4 and 5 . . . . .				0.020 %		0.070 %		
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .				X		X		
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .				X		X		
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X	X			
<b>b</b> Exception to rebate? . . . . .	X			X		X		
<b>c</b> No rebate due? . . . . .		X	X			X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider . . . . .	0		0		0			
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .	0		0		0			
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> 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. Go to www.irs.gov/Form990 for the latest information.

2018

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 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? Yes/No. Includes rows for data entry and a total row.

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 10 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). Includes a total row showing 7,321,268.

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 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
THOMAS JACKIEWICZ	EMPLOYEE	HOUSING LOAN		X	700,000	140,000		No	Yes		Yes	
THOMAS JACKIEWICZ	EMPLOYEE	HOUSING LOAN		X	800,000	702,999		No	Yes		Yes	
AMBER MILLER	EMPLOYEE	HOUSING LOAN		X	500,000	400,000		No	Yes		Yes	
AMBER MILLER	EMPLOYEE	HOUSING LOAN		X	500,000	464,459		No	Yes		Yes	
CL NIKIAS	EMPLOYEE	HOUSING LOAN		X	3,000,000	3,000,000		No	Yes		Yes	
MICHAEL QUICK	EMPLOYEE	HOUSING LOAN		X	450,000	45,000		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	700,000		No	Yes		Yes	
STEVEN A KAY	EMPLOYEE	HOUSING LOAN		X	500,000	400,000		No	Yes		Yes	
STEVEN A KAY	EMPLOYEE	HOUSING LOAN		X	500,000	468,810		No	Yes		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	163,284	USC EMPLOYEE		No
ADLEY CHAN	SON OF TRUSTEE	108,075	USC EMPLOYEE		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
NIKI C NIKIAS	SPOUSE OF OFFICER	194,559	USC EMPLOYEE		No
QUINN GROUP INC	TRUSTEE IS OWNER	199,040	EQUIPMENT PURCHASE AND SERVICE		No



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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
GREER GUSTAVSON	DAUGHTER OF TRUSTEE	4,450,000	INTEREST IN PROPERTY		No
CAROL PEDEN	SPOUSE OF TRUSTEE	202,774	USC EMPLOYEE		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
DIANA MEKEL	SISTER-IN-LAW OF TRUSTEE	94,809	USC EMPLOYEE		No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**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 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
<b>1</b> Art—Works of art . . . . .	X	6	130,000	APPRAISED VALUE
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	345	52,173	HIGH-LOW AVERAGE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( <u>EQUIPMENT</u> )	X	56	4,618,681	FMV
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> 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** 13

	Yes	No
<b>30a</b> 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? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> 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.		

**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**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4D:	<p>OTHER PROGRAM SERVICES SPONSORED RESEARCH: THE MAJOR RESEARCH IS IN MEDICINE, ENGINEERING AND THE SCIENCES. THE INSTITUTION HAS 760 CONTRACTS/GRANTS AWARDED BY THE FEDERAL GOVERNMENT AND 764 AWARDED IN 2018-2019 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 TWENTY-FIVE VOTING MEMBERS OF THE BOARD. THE COMMITTEE IS ELECTED EACH YEAR BY THE BOARD OF TRUSTEES. WHEN THE BOARD IS NOT IN SESSION, THE EXECUTIVE COMMITTEE HAS ALL OF THE POWER AND AUTHORITY OF THE BOARD, EXCEPT THAT THE EXECUTIVE COMMITTEE IS NOT EMPOWERED TO: (I) FILL VACANCIES ON THE BOARD OR ON ANY COMMITTEE THAT HAS THE AUTHORITY OF THE BOARD; (II) FIX THE COMPENSATION OF THE BOARD MEMBERS FOR THEIR SERVICE AS MEMBERS OF THE BOARD OR ANY COMMITTEE; (III) AMEND OR REPEAL THE UNIVERSITY'S BYLAWS OR ADOPT NEW BYLAWS; (IV) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD WHICH BY ITS EXPRESS TERMS CANNOT BE SO AMENDED OR REPEALED; (V) APPOINT COMMITTEES OF THE BOARD OR THE MEMBERS THEREOF; (VI) AUTHORIZE THE EXPENDITURE OF CORPORATE FUNDS TO SUPPORT A NOMINEE FOR BOARD MEMBERSHIP AFTER THERE ARE MORE PEOPLE NOMINATED FOR BOARD MEMBERSHIP THAN CAN BE ELECTED; OR (VII) APPROVE ANY SELF-DEALING TRANSACTION EXCEPT AS PROVIDED BY LAW.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 2	OFFICERS, TRUSTEES AND KEY EMPLOYEES SIT ON THE BOARD OF THE MAY DEWRIGHT TRUST: JAMES M. STATEN JOHN MORK LAURA MOSQUEDA RICK J. CARUSO 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. USC TRUSTEE RONALD D. SUGAR AND USC TRUSTEE LEONARD D. SCHAEFFER HAVE A BUSINESS RELATIONSHIP.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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
FORM 990, PART VI, LINE 12:	<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
FORM 990, PART VI, LINE 12:	<p>ESSIONAL AND BUSINESS PRACTICES POLICY, USCS PROCUREMENT SERVICES DEPARTMENT MAY IDENTIFY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST OR COMMITMENT IN THE COURSE OF PERFORMING ITS DU TIES. 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 C ONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS PRACTICES POLICY, AND VERIFIES THAT ALL A CTUAL CONFLICTS ARE MANAGED BEFORE PROCEEDING. DEPENDING UPON THE CONFLICT, PROCUREMENT SE RVICES 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 RE QUEST THAT INITIATED THE DISCLOSURE UNTIL SUCH TIME AS THE CONFLICT IS MANAGED. IN ADDITIO N TO THE PROCEDURES SET FORTH ABOVE, A UNIVERSITY FACULTY MEMBER OR NON-FACULTY EMPLOYEE I S 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 EN D ORSE OR AUTHORIZE ENDORSEMENT OF ANY PRODUCT OR SERVICE ON BEHALF OF THE UNIVERSITY. FAILU RE TO DISCLOSE AND MANAGE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST UNDER THIS POLICY, INC LUDING THE EXPECTATIONS DETAILED ABOVE ABOUT WHAT AN INDIVIDUAL SHOULD OR SHOULD NOT DO, M AY BE CAUSE FOR DISCIPLINARY ACTION, WHICH MAY RESULT IN DISCIPLINE, UP THROUGH AND INCLUD ING TERMINATION. FOR FACULTY, SUCH ACTION SHALL OBSERVE ALL PROVISIONS OF THE POLICIES PUB LISHED IN THE FACULTY HANDBOOK. ANY DISCIPLINARY ACTION AGAINST A FACULTY MEMBER OR NON-FA CULTY EMPLOYEE UNDER THIS POLICY MUST TAKE INTO ACCOUNT THE SCALE OF THE OFFENSE, THE INDI VIDUAL'S INTENT, AND THE DEGREE OF WRONGDOING. THE UNIVERSITY MAINTAINS A CONFLICT OF INTE REST POLICY FOR MEMBERS OF THE BOARD OF TRUSTEES. IN GENERAL, THE POLICY REQUIRES THAT A T RUSTEE 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 I S 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 DISCLOSUR E IS IN ADDITION TO THE REQUIRED ANNUAL DISCLOSURES. - AFTER CONDUCTING A REASONABLE INVES TIGATION UNDER THE CIRCUMSTANCES, WHICH SHOULD INCLUDE AN ANALYSIS OF COMPARABLE ARRANGEME NTS 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 FINANCI AL ARRANGEMENT OR TRANSACTION WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD N OT GIVE RISE TO A CONFLICT OF INTEREST. - IN ADDITION, THE BOARD SHOULD DETERMINE BY A MAJ ORITY VOTE OF THE DISINTERESTE</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VII, SECTION A:	<p>THE 2 HOURS NOTED FOR EACH TRUSTEE REPRESENTS A STANDARD ESTIMATE OF HOURS DEVOTED TO SERVING AS TRUSTEE. THE TITLE FOR WANDA M. AUSTIN IS INTERIM PRESIDENT (UNTIL 6/30/19) AND TRUSTEE. THE TITLE FOR CHRYSOSTOMOS L. NIKIAS IS PRESIDENT/TRUSTEE (UNTIL 8/7/2018). THE TITLE FOR CAROL MAUCH AMIR IS SENIOR VICE PRESIDENT OF LEGAL AFFAIRS AND PROFESSIONALISM (UNTIL 6/30/19). THE TITLE FOR DAVID BROWN IS INTERIM SENIOR VICE PRESIDENT, UNIVERSITY RELATIONS. THE TITLE FOR CAROLYN DOMEN-BROSHEARS IS SECRETARY OF THE UNIVERSITY (AS OF 10/10/2018) THE TITLE FOR DAVID W. WRIGHT IS INTERIM SENIOR VICE PRESIDENT, ADMINISTRATION (UNTIL 4/25/2019) AND SENIOR VICE PRESIDENT, ADMINISTRATION (AS OF 4/25/2019). THE TITLE FOR AMBER MILLER IS DEAN, USC DORNSIFE COLLEGE OF LETTERS, ARTS AND SCIENCES. THE TITLE FOR ROHIT VARMA, MD IS FORMER KECK SCHOOL OF MEDICINE DEAN (UNTIL 10/05/17). THE TITLE FOR DANI BYRD IS FORMER INTERIM DEAN, USC DORNSIFE COLLEGE OF LETTERS, ARTS AND SCIENCES. THE TITLE FOR STEVE A. KAY IS FORMER DEAN, USC DORNSIFE COLLEGE OF LETTERS, ARTS AND SCIENCES. THE TITLE FOR TODD R. DICKEY WAS SENIOR VICE PRESIDENT OF ADMINISTRATION UNTIL JUNE 30, 2018, ON WHICH DATE HE STEPPED DOWN FROM THIS POSITION. HE CONTINUED HIS EMPLOYMENT AT THE UNIVERSITY AS SPECIAL ADVISOR FROM JULY 1, 2018 TO PROVIDE CONSULTING AND OTHER ASSISTANCE AS NECESSARY TO THE PRESIDENT AND TO OTHER INDIVIDUALS AT THE UNIVERSITY AT THE PRESIDENT'S REQUEST.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	OTHER CHANGES IN NET ASSETS PRESENT VALUE ADJUSTMENT TO TRUST LIABILITY: \$9,181,534



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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
<b>(1)</b> USC GATEWAY LLC UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 90089 20-2108058	PROPERTY MGMT	CA	0	0	USC
<b>(2)</b> 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	
<b>(1)</b> USCSCA SURGICAL HOLDINGS LLC 1510 SAN PABLO ST LOS ANGELES, CA 90033	HOLDING COMPA	CA	USC	RELATED					0	Yes		
<b>(2)</b> LAZARD EMERGING MARKETS INST 20 TRAFALGAR SQ STE 449 NASHUA, NH 03063 20-8047848	INVESTMENTS	NH	USC	RELATED	1,332,682	41,898,295			0		No	88.750 %
<b>(3)</b> WELLINGTON TRUST COMPANY NA CTF REAL TO 200 CONGRESS STREET BOSTON, MA 02210 46-3970058	INVESTMENTS	MA	USC	RELATED	388,284	0			0		No	100.000 %

**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
<b>(1)</b> MAY ROBERTS DEWRIGHT TRUST UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 900898003 95-6284845	USC SUPPORT	CA	USC	T			100.000 %	Yes	
<b>(2)</b> INTEGRATED DIGITAL ASSET CORPORATION UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 900898003 95-4680904	3RD PARTY CON	CA	USC	C	0	0	100.000 %	Yes	
<b>(3)</b> CHARITABLE REMAINDER TRUST (237) SEE PART VII FOR COLUMN C SEE PART VII, CA 90089	FUNDRAISING		USC	T				Yes	
<b>(4)</b> 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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	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 VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

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

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

<b>Return Reference</b>	<b>Explanation</b>
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.

**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
c/o USC UGB203 LOS ANGELES, CA 90089 95-4684347	BIOMEDICAL	DE	501(C)(3)	12C	NA		No
C/O USC UGB203 LOS ANGELES, CA 90089 95-4843260	EDUC. MEDIA	CA	501(C)(3)	12A	USC	Yes	
C/O USC UGB203 LOS ANGELES, CA 90089 95-3168340	USC SUPPORT	CA	501(C)(3)	12A	USC	Yes	
C/O USC UGB203 LOS ANGELES, CA 90089 95-6034304	USC SUPPORT	CA	501(C)(3)	12A	USC	Yes	
1510 SAN PABLO ST SUITE 649 LOS ANGELES, CA 90033 95-4540991	MANAGED CARE	CA	501(C)(3)	10	USC	Yes	
C/O USC 650 W 35TH ST LOS ANGELES, CA 90089 95-4474965	EDUC. MEDIA	CA	501(C)(3)	7	USC	Yes	
1350 TREAT BOULEVARD WALNUT CREEK, CA 94597 94-1459048	USC SUPPORT	CA	501(C)(3)	12A	NA		No
C/O R FOX 1500 MARKET STREET PHILADELPHIA, PA 19102 77-6216147	USC SUPPORT	PA	501(C)(3)	12	NA		No
1812 VERDUGO BLVD GLENDALE, CA 91208 95-3247823	USC SUPPORT	CA	501(C)(3)	12A	USC	Yes	
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**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> LORD FOUNDATION OF CALIFORNIA	S	1,217,786	FMV
<b>(1)</b> MAY ROBERTS DEWRIGHT TRUST	S	793,472	FMV
<b>(2)</b> LORD FOUNDATION OF CALIFORNIA	C	2,500,000	FMV
<b>(3)</b> DAVID X MARKS FOUNDATION	C	1,546,000	FMV
<b>(4)</b> MAY ROBERTS DEWRIGHT TRUST	C	651,478	FMV
<b>(5)</b> USC CARE MEDICAL GROUP INC	P	358,824,375	FMV
<b>(6)</b> LAZARD EMERGING MARKETS INST TRUST	P	417,896	FMV
<b>(7)</b> LAZARD EMERGING MARKETS INST TRUST	R	1,384,790	FMV
<b>(8)</b> WELLINGTON TRUST COMPANY NA CTF REAL TO	S	248,439	FMV
<b>(9)</b> WELLINGTON TRST CO CTF REAL TOTAL RTRN PORTFO	R	30,049,794	FMV
<b>(10)</b> WELLINGTON TRST CO CTF REAL TOTAL RTRN PORTFO	P	58,185	FMV