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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* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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 $ 6,447,664,680

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

Activities & Governance

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

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	45
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	40
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	43,119
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	555,482
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	847,546,503	970,414,924
	9	Program service revenue (Part VIII, line 2g)	4,756,994,269	4,922,463,625
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	248,916,490	551,637,163
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,508,604	2,744,667
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,855,965,866	6,447,260,379
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	621,889,699	642,733,990
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,088,095,605	3,306,857,085
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	666,450	671,089
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶65,577,915		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,284,984,844	1,992,452,468
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,995,636,598	5,942,714,632
	19	Revenue less expenses. Subtract line 18 from line 12	-139,670,732	504,545,747
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	12,727,485,136	13,930,666,634
	21	Total liabilities (Part X, line 26)	3,920,210,690	5,048,195,179
	22	Net assets or fund balances. Subtract line 21 from line 20	8,807,274,446	8,882,471,455

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 2021-05-12

JAMES STATEN SR VP FINANCE/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-04-29		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

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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 $ 2,394,363,620 including grants of $ 639,799,850) (Revenue $ 2,258,704,840)

See Additional Data

4b (Code:) (Expenses $ 2,122,379,000 including grants of $ 0) (Revenue $ 1,660,997,137)

See Additional Data

4c (Code:) (Expenses $ 422,028,000 including grants of $ 0) (Revenue $ 261,338,026)

See Additional Data

4d Other program services (Describe in Schedule O.)

(Expenses $ 404,876,000 including grants of $ 2,907,312) (Revenue $ 741,423,622)

4e **Total program service expenses ▶** 5,343,646,620

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,*Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV **Checklist of Required Schedules** *(continued)*

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	65,927			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	43,119			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country: ▶SP , FR , UK , CH , MX , TW See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		No
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		
15	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.			**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**		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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 45			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

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 ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ERIK BRINK UNIV COMPTROLLER UNIV GARDENS UGB203 LOS ANGELES, CA 90089 (213) 821-1900

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	42,621,279	0	1,879,233

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7,341

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HATHAWAY DINWIDDIE AECOM HUNT JT VE, 275 BATTERY STREET SUITE 300 SAN FRANCISCO, CA 94111	CONSTRUCTION SVCS	138,048,845
2U INC, 1150 S OLIVE STREET SUITE 2050 LOS ANGELES, CA 90015	ONLINE EDUCATION SVC	90,943,675
THE PENTA BUILDING GROUP LLC, 550 South Hope St 2640 LOS ANGELES, CA 90071	CONSTRUCTIONS SVCS	19,320,308
ERNST YOUNG LLP, 725 South Figueroa Street 200 LOS ANGELES, CA 90017	CONSULTING SERVICES	17,098,324
CONTEMPORARY SERVICES CORPORATION, 185 E JEFFERSON BLVD LOS ANGELES, CA 90011	SECURITY COMPANY	15,072,497

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 593

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	421,439				
d Related organizations	1d					
e Government grants (contributions)	1e	523,498,501				
f All other contributions, gifts, grants, and similar amounts not included above	1f	446,494,984				
g Noncash contributions included in lines 1a - 1f:$	1g	21,464,936				
h **Total.** Add lines 1a-1f ▶			970,414,924			
Program Service Revenue		Business Code				
2a TUITION & FEES		900099	2,258,704,840	2,258,704,840		
b NET PATIENT SERVICE REVENUE		900099	1,660,997,137	1,660,997,137		
c AUXILIARY ENTERPRISES		900099	261,338,026	245,766,479	15,571,547	
d PROFESSIONAL SERVICES AGREEMENT		900099	168,442,284	168,442,284		
e SALES & SERVICE		900099	279,421,724	266,922,256	12,499,468	
f All other program service revenue.			293,559,614	293,559,614		
g **Total.** Add lines 2a–2f. ▶			4,922,463,625			

Other Revenue

		(i) Real / (i) Securities	(ii) Personal / (ii) Other	(A) Total revenue	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) ▶				43,111,634		-27,515,533	70,627,167
4 Income from investment of tax-exempt bond proceeds ▶				0			
5 Royalties ▶				3,107,242			3,107,242
		(i) Real	(ii) Personal				
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income or (loss)	6c	0	0				
d Net rental income or (loss) ▶				0			
		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	517,052,711	-8,527,182				
b Less: cost or other basis and sales expenses	7b						
c Gain or (loss)	7c	517,052,711	-8,527,182				
d Net gain or (loss) ▶				508,525,529			508,525,529
8a Gross income from fundraising events (not including $ 421,439 of contributions reported on line 1c). See Part IV, line 18	8a		41,726				
b Less: direct expenses	8b		404,301				
c Net income or (loss) from fundraising events ▶				-362,575			-362,575
9a Gross income from gaming activities. See Part IV, line 19	9a		0				
b Less: direct expenses	9b		0				
c Net income or (loss) from gaming activities ▶				0			
10a Gross sales of inventory, less returns and allowances	10a		0				
b Less: cost of goods sold	10b		0				
c Net income or (loss) from sales of inventory ▶				0			
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e **Total.** Add lines 11a–11d ▶				0			
12 **Total revenue.** See instructions ▶				6,447,260,379	4,894,392,610	555,482	581,897,363

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,824,477	1,824,477		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	637,975,373	637,975,373		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,934,140	2,934,140		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	16,796,087	8,395,309	5,918,995	2,481,783
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	8,069,821	3,917,006	3,313,490	839,325
7 Other salaries and wages	2,581,719,879	2,366,187,383	184,020,074	31,512,422
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	205,150,900	175,929,498	25,343,208	3,878,194
9 Other employee benefits	387,317,432	332,148,488	47,847,054	7,321,890
10 Payroll taxes	107,802,966	92,447,665	13,317,382	2,037,919
11 Fees for services (non-employees):				
a Management	0			
b Legal	37,621,539		37,621,539	
c Accounting	3,303,582		3,303,582	
d Lobbying	607,884	607,884		
e Professional fundraising services. See Part IV, line 17	671,089			671,089
f Investment management fees	13,967,377		13,967,377	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	1,311,394,643	1,142,546,046	155,128,709	13,719,888
14 Information technology	0			
15 Royalties	0			
16 Occupancy	51,313,533	46,963,158	3,775,230	575,145
17 Travel	48,173,624	45,608,652	1,890,654	674,318
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	62,945,812	49,832,535	13,094,335	18,942
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	296,871,764	273,277,764	21,747,000	1,847,000
23 Insurance	3,201,468		3,201,468	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF GOODS SOLD	112,365,954	112,365,954		
b UNIVERSITY SERVICES	50,685,288	50,685,288		
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	5,942,714,632	5,343,646,620	533,490,097	65,577,915
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	1,036,665,872	2	1,809,228,589
	3	Pledges and grants receivable, net	462,329,209	3	439,887,591
	4	Accounts receivable, net	450,654,583	4	460,942,895
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	9,221,527	5	7,716,814
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7	Notes and loans receivable, net	51,844,409	7	47,925,403
	8	Inventories for sale or use	24,795,847	8	30,441,108
	9	Prepaid expenses and deferred charges	362,086,464	9	324,747,986
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 7,647,342,052			
	b	Less: accumulated depreciation — 10b: 3,117,994,453	4,334,653,932	10c	4,529,347,599
	11	Investments—publicly traded securities	3,128,587,413	11	3,360,395,212
	12	Investments—other securities. See Part IV, line 11	2,485,027,927	12	2,537,613,136
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	381,617,953	15	382,420,301
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	12,727,485,136	16	13,930,666,634
Liabilities	17	Accounts payable and accrued expenses	1,373,267,178	17	1,499,355,736
	18	Grants payable	0	18	0
	19	Deferred revenue	257,066,540	19	301,165,511
	20	Tax-exempt bond liabilities	180,547,864	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	1,417,503,699	23	2,042,412,568
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	691,825,409	25	1,205,261,364
	26	**Total liabilities.** Add lines 17 through 25	3,920,210,690	26	5,048,195,179
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	4,057,542,611	27	6,305,989,114
	28	Net assets with donor restrictions	4,749,731,835	28	2,576,482,341
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	8,807,274,446	32	8,882,471,455
	33	Total liabilities and net assets/fund balances	12,727,485,136	33	13,930,666,634

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,447,260,379
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,942,714,632
3	Revenue less expenses. Subtract line 2 from line 1	3	504,545,747
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,807,274,446
5	Net unrealized gains (losses) on investments	5	-419,937,678
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-9,411,060
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,882,471,455

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

INSTRUCTION: APPROXIMATELY 19,500 STUDENTS IN UNDERGRADUATE CLASSES: APPROXIMATELY 26,500 STUDENTS IN GRADUATE AND PROFESSIONAL CLASSES: 5,447 BACHELOR DEGREES CONFERRED AND 13,094 ADVANCED DEGREES CONFERRED IN 2019-2020.

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 46,000 STUDENTS AND 20,000 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Chrysostomos L Nikias SEE SCHEDULE O FOR TITLE	40.0 0.0						X	4,889,907	0	386,659
Charles Helton HEAD FOOTBALL COACH	40.0 0.0					X		4,678,627	0	135,205
Andy Enfield HEAD BASKETBALL COACH	40.0 0.0					X		3,290,633	0	63,682
Vaugn Starnes MD CHAIR & DIST PROF SURGERY	40.0 0.5					X		3,092,289	0	64,402
Carol Mauch Amir SEE SCHEDULE O FOR TITLE	0.0 0.0						X	2,893,887	0	48,262
Inderbir Singh Gill MD PROF & CHAIR - UROLOGY	40.0 0.5					X		2,652,623	0	70,003
Louis A Vandermolen MD PROFESSOR OF CLINICAL MEDICINE	40.0 0.0					X		2,679,616	0	35,257
Thomas E Jackiewicz SEE SCHEDULE O FOR TITLE	50.0 0.5			X				2,488,675	0	59,456
James Staten SR VP, FINANCE & CFO	50.0 1.5			X				1,965,383	0	164,850
Rohit Varma MD SEE SCHEDULE O FOR TITLE	0.0 0.0						X	2,000,000	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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Wanda M Austin SEE SCHEDULE O FOR TITLE	50.0 1.75	X						1,485,587	0	43,954
Michael Quick SEE SCHEDULE O FOR TITLE	40.0 0.0						X	1,376,738	0	38,584
Carol L Folt SEE SCHEDULE O FOR TITLE	50.0 1.75	X		X				1,308,046	0	6,083
Laura Mosqueda SEE SCHEDULE O FOR TITLE	50.0 0.5				X			1,022,931	0	50,287
Lisa Mazzocco CHIEF INVESTMENT OFFICER	50.0 0.0				X			855,661	0	133,572
Steven A Kay SEE SCHEDULE O FOR TITLE	40.0 0.0						X	821,645	0	57,605
Albert R Checcio SEE SCHEDULE O FOR TITLE	50.0 0.25			X				787,342	0	54,490
David W Wright SENIOR VICE PRESIDENT, ADMIN.	50.0 0.25			X				617,427	0	109,139
Amber Miller SEE SCHEDULE O FOR TITLE	50.0 0.0				X			636,154	0	54,313
Tracey Vranich SEE SCHEDULE O FOR TITLE	50.0 0.25			X				597,218	0	48,957

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Gareth James SEE SCHEDULE O FOR TITLE	50.0 0.0				X			589,383	0	31,957
Yannis C Yortsos DEAN-VITERBI SCHOOL OF ENG.	50.0 0.5				X			524,013	0	56,490
Elizabeth Graddy SEE SCHEDULE O FOR TITLE	50.0 0.0			X				510,519	0	45,593
James Ellis SEE SCHEDULE O FOR TITLE	50.0 0.75				X			441,641	0	54,479
David Brown SEE SCHEDULE O FOR TITLE	50.0 0.0			X				415,334	0	65,954
Todd R Dickey SEE SCHEDULE O FOR TITLE	50.0 0.0						X	425,039	0	42,137
Glenn Osaki SEE SCHEDULE O FOR TITLE	50.0 0.0			X				278,886	0	132,334
Carolyn Domen-Broshears SECRETARY OF THE UNIVERSITY	50.0 0.75			X				361,267	0	32,397
Dani Byrd SEE SCHEDULE O FOR TITLE	40.0 0.0						X	279,431	0	89,943
Felicia A Washington SEE SCHEDULE O FOR TITLE	50.0 0.0			X				353,426	0	12,827

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Samuel Garrison SEE SCHEDULE O FOR TITLE	50.0 0.0			X				323,162	0	0
Charles F Zukoski SEE SCHEDULE O FOR TITLE	50.0 0.75			X				221,849	0	5,406
Rick J Caruso TRUSTEE/CHAIR	2.0 0.5	X		X				0	0	0
Miriam Adelson TRUSTEE	2.0 0.0	X						0	0	0
Michael E Adler TRUSTEE	2.0 0.0	X						0	0	0
Wallis Annenberg TRUSTEE UNTIL 6/2/20	2.0 0.0	X						0	0	0
Stephanie A Argyros TRUSTEE	2.0 0.0	X						0	0	0
Thomas J Barrack Jr TRUSTEE	2.0 0.0	X						0	0	0
Marc R Benioff TRUSTEE	2.0 0.0	X						0	0	0
Corii D Berg TRUSTEE AS OF 6/2/20	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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
David C Bohnett TRUSTEE	2.0 0.0	X						0	0	0
Charles F Bolden Jr TRUSTEE UNTIL 12/30/19	2.0 0.0	X						0	0	0
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 UNTIL 2/11/20	2.0 0.0	X						0	0	0
Charles G Cale TRUSTEE	2.0 0.0	X						0	0	0
Alan I Casden TRUSTEE UNTIL 6/2/20	2.0 0.0	X						0	0	0
Ronnie C Chan TRUSTEE	2.0 0.0	X						0	0	0
Chris Cox TRUSTEE UNTIL 12/30/19	2.0 0.0	X						0	0	0
Frank H Cruz TRUSTEE UNTIL 6/2/20	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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
David H Dornsife 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	2.0 0.0	X						0	0	0
Stanley P Gold TRUSTEE	2.0 0.0	X						0	0	0
Tamara Hughes Gustavson TRUSTEE UNTIL 12/30/19	2.0 0.0	X						0	0	0
Jane Harman TRUSTEE UNTIL 2/11/20	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
Lydia H Kennard TRUSTEE UNTIL 5/31/20	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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Kenneth R Klein TRUSTEE	2.0 0.0	X						0	0	0
John Kusmiersky TRUSTEE UNTIL 6/2/20	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 0.0	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
Shelly L Nemirovsky 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Dominic Ng TRUSTEE	2.0 0.0	X						0	0	0
J Kristoffer Popovich TRUSTEE	2.0 0.0	X						0	0	0
Blake Quinn TRUSTEE	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
Jeffrey H Smulyan TRUSTEE	2.0 0.0	X						0	0	0
Steven Spielberg TRUSTEE UNTIL 11/14/19	2.0 0.0	X						0	0	0
Heliane M Steden 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

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 331/3% 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 331/3% 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? Yes	No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2019**

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	898,061,389	937,415,378	927,957,977	847,546,503	970,414,924	4,581,396,171
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 **Total.** Add lines 1 through 3	898,061,389	937,415,378	927,957,977	847,546,503	970,414,924	4,581,396,171
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						0
6 **Public support.** Subtract line 5 from line 4.						4,581,396,171

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	898,061,389	937,415,378	927,957,977	847,546,503	970,414,924	4,581,396,171
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	50,753,408	69,068,688	61,701,929	116,124,673	73,734,409	371,383,107
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	493,675	202,411	212,300	255,204	41,726	1,205,316
11 **Total support.** Add lines 7 through 10						4,953,984,594

12 Gross receipts from related activities, etc. (see instructions) **12** 16,847,228,805

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . **14** 92.479 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . **15** 92.775 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2019.** 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—2018.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	**2a**		
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? *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.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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.

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

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

SCHEDULE 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* for instructions and the latest information.

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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	Employer identification number
University of Southern California	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-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,238,085
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i			1,238,085
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

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

▶ 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* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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)	12,666,050	
3	Aggregate value of grants from (during year)	9,447,525	
4	Aggregate value at end of year	39,408,376	

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 ▶ $ 31,922,223

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
c Beginning balance	1c	231,715,519
d Additions during the year	1d	268,301,275
e Distributions during the year	1e	13,124,114
f Ending balance	1f	486,892,680

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☑ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,476,423,715	5,282,284,883	4,876,143,064	4,371,419,736	4,511,866,099
b Contributions	107,632,490	188,223,613	179,791,712	176,085,163	164,261,117
c Net investment earnings, gains, and losses	63,728,992	238,538,234	450,633,689	543,468,688	-107,908,309
d Grants or scholarships	51,656,854	46,594,372	47,999,221	44,660,935	41,057,640
e Other expenditures for facilities and programs	185,939,043	177,037,868	167,411,661	161,668,858	147,972,885
f Administrative expenses	10,080,659	8,990,775	8,872,700	8,500,730	7,768,646
g End of year balance	5,400,108,641	5,476,423,715	5,282,284,883	4,876,143,064	4,371,419,736

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 ▶

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:

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		207,608,174		207,608,174
b Buildings		5,820,085,570	2,018,503,766	3,801,581,804
c Leasehold improvements				
d Equipment		774,073,876	758,219,329	15,854,547
e Other		845,574,432	341,271,358	504,303,074
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,529,347,599

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	1,175,474,351	F
(B) PRIVATE EQUITY	1,362,138,785	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	2,537,613,136	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) FOR ANNUITIES PAYABLES	92,833,651
(3) SELF INSURANCE RESERVES	314,061,138
(4) FEDERAL STUDENT LOAN FUNDS	53,067,050
(5) ASSET RETIREMENT OBLIGATION	139,226,599
(6) REFUNDABLE ADVANCES	22,785,741
(7) CAPITAL LEASE OBLIGATION	77,545,240
(8) REVOLVING LINE OF CREDIT	500,000,000
(9) OTHER LIABILITIES	5,741,945
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	1,205,261,364

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	THE UNIVERSITY OF SOUTHERN CALIFORNIA RETAINS MULTIPLE COLLECTIONS OF ART, HISTORICAL TREA SURES AND OTHER SIMILAR ASSETS SUCH AS BOOKS, SCRIPTS, FILMS AND PHOTOGRAPHY. THESE COLLEC TIONS 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 A FFILIATED 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 SU PPORT 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)

Department of the Treasury
Internal Revenue Service

Schools

▶ 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* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3		No
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7	Yes	

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

Return Reference	Explanation
SCHEDULE E - EXPLANATION FOR LINE 3	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.
SCHEDULE E - EXPLANATION FOR LINE 6A	THE UNIVERSITY OF SOUTHERN CALIFORNIA RECEIVES FUNDING FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES IN SUPPORT OF THE UNIVERSITY'S EDUCATIONAL MISSION.

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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* for instructions and the latest information.

OMB No. 1545-0047

2019

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" on 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 Activites 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 the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	262	217			8,222,868
b Total from continuation sheets to Part I . . .	22	18			1,026,207,501
c **Totals** (add lines 3a and 3b)	284	235			1,034,430,369

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 22

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

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	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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
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	1	Program Services	INSTRUCT,EXCUR,TRAVEL	109,113
Sub-Saharan Africa	1	3	Program Services	RESEARCH	39,893

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	4	22	Program Services	INSTRUCT,EXCUR,TRAVEL	71,469
South Asia	1		Program Services	Research	37,407

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)	86	78	Program Services	INSTRUCT,EXCUR,TRAVEL	3,452,074
Central America and the Caribbean	1		Program Services	RESEARCH	5,080

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	58	14	Program Services	INSTRUCT,EXCUR,TRAVEL	292,181
East Asia and the Pacific	10		Program Services	RESEARCH	63,515

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)	29		Program Services	RESEARCH	194,400
East Asia and the Pacific	45	64	Program Services	INSTRUCT,EXCUR,TRAVEL	1,435,621

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	9	3	Program Services	INSTRUCT,EXCUR,TRAVEL	77,596
Middle East and North Africa	1		Program Services	RESEARCH	202,844

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	3		Program Services	RESEARCH	7,821
South America		2	Program Services	INSTRUCT,EXCUR,TRAVEL	142,011

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		Program Services	STUDENT ABROAD	20,074
East Asia and the Pacific	11	29	Program Services	RECRUITMENT	1,921,461

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)	1	1	Program Services	RECRUITMENT	150,308
North America	1	1	Program Services	RECRUITMENT	155,500

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	2	2	Program Services	RECRUITMENT	114,691
South Asia	2	1	Program Services	RECRUITMENT	209,550

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-TRAVEL	30,272
South Asia	0	0	Program Services	INSTRUCT,EXCUR,TRAVEL	112,372

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	14	1	Program Services	INSTRUCT,EXCUR,TRAVEL	57,758
Russia and the Newly Independent States	0	0	Program Services	RESEARCH	29,205

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	3		Program Services	RESEARCH	47,193
Europe (Including Iceland and Greenland)			Program Services	GLOBALIZATION-TRAVEL	20,044

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			Program Services	GLOBALIZATION-TRAVEL	22,249
Sub-Saharan Africa			Program Services	GLOBALIZATION-TRAVEL	8,839

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	PREVENTIVE MEDICINE AN	28,231
East Asia and the Pacific			Program Services	PREVENTIVE MEDICINE AN	32,673

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	PREVENTIVE MEDICINE AN	76,008
Middle East and North Africa			Program Services	PREVENTIVE MEDICINE AN	10,903

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			Program Services	PREVENTIVE MEDICINE AN	19,625
Russia and the Newly Independent States			Program Services	PREVENTIVE MEDICINE AN	3,295

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	PREVENTIVE MEDICINE AN	459
South Asia			Program Services	PREVENTIVE MEDICINE AN	7,630

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	PREVENTIVE MEDICINE AN	2,354
East Asia and the Pacific		13	Program Services	INTERNATIONAL EXPERIEN	452,366

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			Program Services	INTERNATIONAL EXPERIEN	32,495
Europe (Including Iceland and Greenland)			Grantmaking		1,353,034

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			Grantmaking		37,800
North America			Grantmaking		1,431,329

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			Investments		881,819,966
East Asia and the Pacific			Investments		8,601,066

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments		131,378,617
East Asia and the Pacific			Grantmaking		111,977

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Research subaward	6,565				
		East Asia and the Pacific	Research subaward	95,608				

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	Research subaward	9,804				
		North America	Research subaward	102,303				

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	Research subaward	105,410				
		North America	Research subaward	114,700				

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	Research subaward	95,025				
		North America	Research subaward	89,281				

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	Research subaward	444,375				
		North America	Research subaward	322,353				

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	Research subaward	153,837				
		Europe (Including Iceland and Greenland)	Research subaward	23,789				

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)	Research subaward	264,455				
		Europe (Including Iceland and Greenland)	Research subaward	104,750				

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)
		Middle East and North Africa	Research subaward	37,800				
		Europe (Including Iceland and Greenland)	Research subaward	6,477				

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)	Research subaward	7,607				
		Europe (Including Iceland and Greenland)	Research subaward	523,986				

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)	Research subaward	168,183				
		Europe (Including Iceland and Greenland)	Research subaward	94,952				

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)	Research subaward	64,841				
		Europe (Including Iceland and Greenland)	Research subaward	90,212				

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* for instructions and the latest information.

OMB No. 1545-0047

2019

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 10 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? Yes	No	**(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
RUFFALO NOEL LEVITZ	PHONE SOLICIT.		No	457,021	671,089	-214,068
Total . . . . ▶				457,021	671,089	-214,068

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.

		(a) Event #1 **VITERBI AWARDS** (event type)	**(b)** Event #2 **SCRIPTER AWARDS** (event type)	**(c)** Other events **0** (total number)	**(d)** Total events (add col. **(a)** through col. **(c)**)
Revenue	1 Gross receipts	141,800	321,365	0	463,165
	2 Less: Contributions	127,925	293,514	0	421,439
	3 Gross income (line 1 minus line 2)	13,875	27,851	0	41,726
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	897	17,565	0	18,462
	6 Rent/facility costs	0	53,415	0	53,415
	7 Food and beverages	30,000	46,155	0	76,155
	8 Entertainment	119,066	650	0	119,716
	9 Other direct expenses	21,557	114,996	0	136,553
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				404,301
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-362,575

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.

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

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

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

b If "No," explain: ______

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

b If "Yes," explain: ______

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,643,423		3,643,423	0.060 %
b Medicaid (from Worksheet 3, column a)			289,621,282	215,450,528	74,170,753	1.250 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			293,264,705	215,450,528	77,814,176	1.310 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,962,307	19,779	1,942,528	0.030 %
f Health professions education (from Worksheet 5)			70,362,034	35,596,260	34,765,774	0.590 %
g Subsidized health services (from Worksheet 6)			162,134,450	126,894,763	35,239,687	0.590 %
h Research (from Worksheet 7)			358,316,481	358,316,481		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			783,058		783,058	0.010 %
j **Total.** Other Benefits			593,558,330	520,827,283	72,731,047	1.220 %
k **Total.** Add lines 7d and 7j			886,823,035	736,277,811	150,545,223	2.530 %

Part II 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			13,693		13,693	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			13,140		13,140	
8 Workforce development			69,639		69,639	
9 Other						
10 Total			96,472		96,472	

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	12,892,795		
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	0		
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	402,393,018
6	Enter Medicare allowable costs of care relating to payments on line 5	6	444,645,760
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-42,252,742

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:

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
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)		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
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group A

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?.	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): keckmedicine.org/community-benefit			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): keckmedicine.org/community-benefit			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group A

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group A

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

Policy Relating to Emergency Medical Care

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

		Yes	No
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?	**23**		No
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?	**24**		No
If "Yes," explain in Section C.			

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 B

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

		Line	Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?. . . .	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . .	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . .	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C. . . .	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): uscvhh.org/giving/community-outreach			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . .	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): uscvhh.org/giving/community-outreach			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V **Facility Information** *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group B

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

Part V Facility Information *(continued)*

Billing and Collections

B

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group B

		Yes	No
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?	**23**		No
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?	**24**		No
If "Yes," explain in Section C.			

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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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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.
PART I, LINE 7:	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 FY20 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 10.07%, CONSISTENT WITH PEER ORGANIZATIONS. PART II, LINE 8: USC VERDUGO HILLS WORKFORCE DEVELOPMENT: USC-VHH PARTICIPATED IN COMMUNITY PROGRAMS THAT ENCOURAGED CAREERS IN THE HEALTH PROFESSIONS. IN FY2020, 120 LOCAL HIGH SCHOOL STUDENTS FROM 6 LOCAL SCHOOLS PARTICIPATED IN A HEALTHCARE DAY OF DISCOVERY, A PROGRAM TO INTRODUCE HEALTH CARE CAREERS TO STUDENTS. 12 CRESCENTA VALLEY HIGH SCHOOL STUDENTS PARTICIPATED IN A SHADOW PROGRAM WITH PHYSICIAL MEDICINE OF REHABILITATION. USC VERDUGO HILLS ADVOCACY: HOSPITAL REPRESENTATIVES SERVED ON A NUMBER OF LOCAL, REGIONAL AND STATE LEVEL ORGANIZATIONS AND COMMITTEES THAT ADDRESS HEALTH IMPROVEMENT. USC-VHH ENGAGED IN ADVOCACY EFFORTS THAT SUPPORTED ACCESS TO HEALTH CARE. 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. 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. USC STEM DAY OF DISCOVERY WAS AN OPPORTUNITY FOR 700 MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS TO DISCOVER THE MANY CAREER OPPORTUNITIES AVAILABLE IN HEALTH CARE. KECK MEDICINE AND KECK HOSPITAL WORKED WITH ALTAMED HEALTH SERVICES (A FEDERALLY QUALIFIED HEALTH CENTER) TO CO-SPONSOR TWO AMERICORPS INTERNS. THE FOCUS WAS TO PROMOTE HEALTH CAREER DEVELOPMENT IN LOCAL SCHOOLS AND JOB TRAINING. USC MCMORROW NEIGHBORHOOD ACADEMIC INITIATIVE IS AN ACADEMICALLY RIGOROUS AND COMPREHENSIVE, SEVEN-YEAR PRE-COLLEGE PROGRAM DESIGNED TO PREPARE STUDENTS FROM SOUTH AND EAST LOS ANGELES FOR ADMISSION TO A COLLEGE OR UNIVERSITY. 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	THE DETERMINATION OF CHARITY CARE GENERALLY SHOULD BE MADE AT THE TIME OF ADMISSION, OR SHORTLY THEREAFTER. HOWEVER, EVENTS AFTER DISCHARGE MAY CHANGE THE ABILITY OF THE PATIENT TO PAY. DESIGNATION AS CHARITY CARE WILL ONLY BE CONSIDERED AFTER ALL PAYMENT SOURCES HAVE BEEN EXHAUSTED. HOSPITAL CHARGES FOR PATIENT ACCOUNTS IDENTIFIED AS CHARITY CARE AT THE TIME OF ADMISSION OR SERVICE ARE NOT RECOGNIZED BY THE FACILITY AS NET REVENUES OR NET RECEIVABLES. IF PATIENT ACCOUNTS ARE IDENTIFIED AS CHARITY CARE SUBSEQUENT TO THE FACILITY RECOGNIZING THE CHARGES AS REVENUE, AN ADJUSTMENT IS REQUIRED TO CLASSIFY APPROPRIATELY THE REVENUE AND ANY BAD DEBT EXPENSE PREVIOUSLY RECORDED. PART III, LINE 4: NET PATIENT SERVICE REVENUE IS REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD PARTY PAYORS, GOVERNMENT PROGRAMS AND OTHERS IN THE PERIOD IN WHICH SERVICES ARE PROVIDED. THE MAJORITY OF THE HOSPITALS' SERVICES ARE RENDERED TO PATIENTS WITH COMMERCIAL OR MANAGED CARE INSURANCE, OR UNDER THE FEDERAL MEDICARE AND CALIFORNIA STATE MEDI-CAL PROGRAMS. REIMBURSEMENT FROM THESE VARIOUS PAYORS IS BASED ON A COMBINATION OF PROSPECTIVELY DETERMINED RATES, DISCOUNTS FROM CHARGES AND HISTORICAL COSTS. AMOUNTS RECEIVED UNDER THE MEDICARE PROGRAM ARE SUBJECT TO RETROACTIVE SETTLEMENTS BASED ON REVIEW AND FINAL DETERMINATION BY PROGRAM INTERMEDIARIES OR THEIR AGENTS. PROVISIONS FOR CONTRACTUAL ADJUSTMENTS AND RETROACTIVE SETTLEMENTS RELATED TO THOSE 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.
PART III, LINE 8:	THE MEDICARE SHORTFALL OF ($OPEN) REPORTED IN PART III, LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE THE RATES PAID BY MEDICARE DO NOT ACCURATELY REFLECT THE COST OF CARE PROVIDED BY THE HOSPITALS. ACCORDINGLY, THE HOSPITALS MUST SUBSIDIZE THE COST OF CARE PROVIDED TO MEDICARE BENEFICIARIES WITH OTHER REVENUES. THE COSTING METHODOLOGY USED TO CALCULATE MEDICARE ALLOWABLE COSTS OF CARE REPORTED ON PART III, LINE 6 WAS USING A COST-TO-CHARGE RATIO.

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Form and Line Reference	Explanation
PART III, LINE 9B:	AS PART OF THEIR MISSION, THE HOSPITALS PROVIDE SERVICES AND A BROAD ARRAY OF BENEFITS TO THE COMMUNITY. THE HOSPITALS' PATIENT ACCEPTANCE POLICY IS BASED ON THEIR MISSION STATEMENTS AND THEIR COMMUNITY SERVICES RESPONSIBILITIES. ACCORDINGLY, THE HOSPITALS ACCEPT PATIENTS IN IMMEDIATE NEED OF CARE, REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITALS DO NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE BASED ON ESTABLISHED POLICIES OF THE HOSPITALS. THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS DUE FOR ALL OR A PORTION OF THE PATIENT'S BILL. SEE ALSO SCHEDULE H, PART III, LINE 4. PART IV, LINE 1, COLUMN (A) NAME OF ENTITY: BEVERLY HILLS DOCTORS SURGERY CENTER LLC
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.

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Form and Line Reference	Explanation
PART VI, LINE 3:	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.
PART VI, LINE 4:	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 LOS ANGELES COUNTY IS 10,057,155. CHILDREN AND YOUTH MAKE UP 22.8% OF SERVICE AREA POPULATION, 64.9% ARE ADULTS, AND 12.2% ARE SENIORS (65 YEARS AND OLDER). ALMOST HALF OF THE POPULATION (48.3%) IS HISPANIC OR LATINO. AT 26.7% OF THE POPULATION, WHITES ARE THE SECOND LARGEST RACE/ETHNIC GROUP IN THE SERVICE AREA. ASIANS MAKE UP 14.1% OF THE POPULATION IN THE SERVICE AREA AND AFRICAN AMERICANS ARE 8% OF THE POPULATION. IN LOS ANGELES 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. AMONG COUNTY RESIDENTS, 22.6% ARE AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL), WHICH IS HIGHER THAN IN THE STATE (15.8%). POVERTY INCREASES FOR THE POPULATION AT 200% OF FPL AS 45% OF COUNTY RESIDENTS ARE AT 200% OF FPL. IN LOS ANGELES COUNTY, CHILDREN SUFFER WITH HIGHER RATES OF POVERTY (30.4%) COMPARED TO THE STATE (21.9%). LOW LEVELS OF EDUCATION ARE 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 EDUCATION. THIS IS LOWER THAN THE STATE RATE OF 82.1% AND DOES NOT MEET THE HEALTHY PEOPLE 2020 OBJECTIVE OF 87% FOR HIGH SCHOOL GRADUATION. 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 USC-VHH SERVICE AREA IS 666,468. CHILDREN AND YOUTH MAKE UP 20.1% OF SERVICE AREA POPULATION, 64.9% ARE ADULTS, AND 15.0% ARE SENIORS, 65 YEARS AND OLDER. THE SERVICE AREA HAS A HIGHER PERCENTAGE OF SENIORS THAN FOUND IN THE COUNTY (12.2%). ALMOST HALF OF THE POPULATION (45.9%) IS WHITE. AT 33% OF THE POPULATION, LATINOS OR HISPANICS ARE THE SECOND LARGEST RACE/ETHNIC GROUP IN THE SERVICE AREA. ASIANS MAKE UP 14% OF THE POPULATION IN THE SERVICE AREA AND AFRICAN AMERICANS ARE 4% OF THE POPULATION. THE SERVICE AREA HAS A LARGER PERCENTAGE OF WHITES (45.9%) COMPARED TO THE COUNTY (26.7%) AND STATE (38.4%). AMONG AREA RESIDENTS, 13.6% ARE AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL) AND BETWEEN 11.3% TO 12.1% OF SERVICE AREA CHILDREN ARE AT 200% OF FPL OR BELOW (LOW-INCOME). IN THE SERVICE AREA, 18.2% OF ADULTS ARE HIGH SCHOOL GRADUATES, AND 47.1% OF THE POPULATION IN THE SERVICE AREA HAS GRADUATED COLLEGE, HIGHER THAN THE RATE FOR THE COUNTY (37.7%) AND THE STATE (39.8%).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	THE GOVERNING BOARD IS COMPRISED OF MEMBERS OF THE COMMUNITIES SERVED, USC FACULTY AND STAFF. COMMUNITY MEMBERS ARE NOT COMPENSATED FOR THEIR TIME ON THE BOARD. EACH FACILITY IDENTIFIED IN PART V OF SCHEDULE H MAINTAINS AN OPEN MEDICAL STAFF EXCEPT IN THOSE INSTANCES WHEN 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 PROVIDING HEALTH CARE SERVICES AND RESOURCES TO THE COMMUNITY, INCLUDING BUT NOT LIMITED TO NEW PATIENT CARE LOCATIONS AND EQUIPMENT, EXPANDED PROGRAMS AND SERVICES, AND THE TRAINING OF PHYSICIANS, NURSES AND OTHER PROFESSIONALS INCLUDING PHARMACISTS AND SPEECH, OCCUPATIONAL, PHYSICAL AND RESPIRATORY THERAPISTS. THE HOSPITAL FACILITIES TRAIN MEDICAL RESIDENTS IN VARIOUS SPECIALTIES, MAINTAIN A PHARMACY RESIDENCY PROGRAM, AND PARTNER WITH UNIVERSITIES TO PROVIDE CLINICAL TRAINING TO NURSING STUDENTS. A COORDINATED RESEARCH ADMINISTRATION FUNCTION OVERSEES SCIENTIFIC AND CLINICAL RESEARCH AT THE ORGANIZATIONS.
PART VI, LINE 6:	AFFILIATED HEALTH CARE SYSTEM: THE ORGANIZATION SPONSORS NUMEROUS OUTREACH PROGRAMS THROUGHOUT THE LOCAL COMMUNITY, INCLUDING HEALTH FAIRS, FREE HEALTH SCREENINGS AND FLU SHOTS, EDUCATIONAL BOOTHS, AND SPEAKER SERIES THAT ARE FREE AND OPEN TO THE PUBLIC. IN ADDITION, THE PHYSICIAN FACULTY OF THE KECK SCHOOL OF MEDICINE PROVIDE HEALTH CARE SERVICES TO INDIGENT PATIENTS OF THE COUNTY OF LOS ANGELES THROUGH A CONTRACTUAL RELATIONSHIP WITH THE COUNTY. THESE PATIENTS ARE OFFERED ACCESS TO A WIDE VARIETY OF TREATMENTS THROUGH CLINICAL TRIALS THAT THEY NORMALLY WOULD NOT HAVE ACCESS TO ABSENT THE RELATIONSHIP BETWEEN THE COUNTY AND USC.

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

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		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	FACILITY REPORTING GROUP A KECK HOSPITAL OF USC & 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 EHOLDERS 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

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	Y METHOD, BASED ON THE DOT SURVEY TECHNIQUE, WAS USED TO INCREASE ACCESS TO SURVEY QUESTIO NS FOR PARTICIPANTS, SHOW TRANSPARENCY WITH COMMUNITY RESIDENTS, AND BE AN INTERACTIVE AND PARTICIPATORY ACTIVITY. FOCUS GROUPS DURING CANVASSING EVENTS, LANGUAGE PREFERENCES FOR F OCUS GROUPS WERE DETERMINED AND COMMUNITY RESIDENTS WERE RECRUITED FOR FOCUS GROUP PARTICI PATION. 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 SEN IOR CITIZEN GROUP KNOWN AS FRIENDS OF RAMONA GARDENS AT THEIR LOCAL ADULT RECREATION CENTE R. EACH OF THE LOCATIONS WAS CHOSEN FOR ITS EASE OF ACCESS TO COMMUNITY MEMBERS AND THE LI KELIHOOD THOSE NEIGHBORS WOULD BE WILLING TO PARTICIPATE. THE FOCUS GROUP QUESTIONS AIMED TO ENGAGE COMMUNITY RESIDENTS IN DISCUSSING CHALLENGES AND NEEDS FOR IMPROVING THEIR HEALT H. 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 MEMB ERS OF YOUR COMMUNITY? 3. WHAT HEALTH RESOURCES ARE AVAILABLE IN YOUR COMMUNITY? HOW CAN T HESE RESOURCES BETTER SERVE TO IMPROVE THE HEALTH OF YOUR COMMUNITY? 4. ARE YOU AWARE OF A NY RESOURCES IN THE COMMUNITY BEING PROVIDED BY THE HOSPITAL? WHAT WOULD YOU LIKE TO SEE T HEM PROVIDE? STAKEHOLDER SURVEYS COMMUNITY STAKEHOLDERS WERE IDENTIFIED DURING COMMUNITY C ANVASSING AND FOCUS GROUP RECRUITMENT. THE RESPONDING ELEVEN STAKEHOLDERS REPRESENTED A BR OAD RANGE OF INTEREST IN THE HOSPITAL'S SERVICE AREA AND INCLUDED LEADERS IN COMMUNITY ORG ANIZATIONS AND SCHOOLS. STAKEHOLDER SURVEYS WERE DEVELOPED AND DISSEMINATED ONCE CANVASSIN G AND FOCUS GROUP THEMES EMERGED. THE SURVEYS SUMMARIZED THE NEEDS AND CONCERNS OF COMMUNI TY RESIDENTS, WHICH ALLOWED THE NHF TEAM TO ASK STAKEHOLDERS MORE DIRECT QUESTIONS REGARDI NG THE SEVERITY OF THE EMERGING ISSUES. STAKEHOLDERS WERE CONTACTED THROUGH EMAIL OR IN PE RSON 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 G OOGLE FORMS AND EMAILED TO STAKEHOLDERS WHO EXPRESSED INTEREST IN PARTICIPATING. THE SURVE Y USED A LIKERT SCALE FORMAT AND ASKED STAKEHOLDERS TO RANK HOW STRONGLY THEY AGREED OR DI SAGREED 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 NO RRIS CANCER HOSPITAL. PART V, SECTION B, LINE 11: THE IMPLEMENTATION STRATEGY ADOPTED BY E ACH 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

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	AND ACTIVITIES ARE: - CHRONIC DISEASES - MENTAL HEALTH - PREVENTATIVE PRACTICES THE NEEDS THAT WILL BE ADDRESSED BY USC NORRIS CANCER HOSPITAL THROUGH ITS COMMUNITY BENEFIT PROGRA MS AND ACTIVITIES ARE: - CANCER AND TREATMENT - OVERWEIGHT/OBESITY - PREVENTATIVE PRACTICE S 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 NE EDS. 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 EA CH HEALTH NEED THE HOSPITAL PLANS TO ADDRESS, THE IMPLEMENTATION STRATEGY FOR EACH HOSPITA L DESCRIBES: ACTIONS THE HOSPITALS INTEND TO TAKE, INCLUDING PROGRAMS AND RESOURCES THEY P LAN TO COMMIT, PLANNED COLLABORATION BETWEEN THE HOSPITALS AND COMMUNITY ORGANIZATIONS, AN D ANTICIPATED IMPACTS OF THESE ACTIONS. CERTAIN OTHER HEALTH NEEDS WERE IDENTIFIED BUT ARE NOT SPECIFICALLY ADDRESSED IN THE IMPLEMENTATION STRATEGY. THESE INCLUDE, FOR EXAMPLE: AC CESS TO HEALTH CARE, HOUSING AND HOMELESSNESS, SEXUALLY TRANSMITTED INFECTIONS/HIV/AIDS. W HILE THE HOSPITALS ADDRESS THESE ISSUES ON A DAY TO DAY BASIS IN THE NORMAL COURSE OF OPER ATIONS, THEY HAVE CHOSEN NOT TO FOCUS THESE IMPLEMENTATION PLANS ON THESE OTHER NEEDS BECA USE 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): WWW.KECKMEDICINE.ORG/FINANCIAL-ASSISTANCE-PROGRAM/ PART V, SECT ION 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 AS SISTANCE POLICY IN COMMUNICATIONS WITH THE INDIVIDUALS REGARDING THE INDIVIDUALS' BILLS.

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	FACILITY REPORTING GROUP B USC VERDUGO HILLS HOSPITAL PART V, SECTION B, LINE 5: TWELVE IN TERVIEWS WERE COMPLETED FROM JANUARY TO MARCH 2019. COMMUNITY STAKEHOLDERS IDENTIFIED BY T HE HOSPITAL WERE CONTACTED AND ASKED TO PARTICIPATE IN THE NEEDS ASSESSMENT. INTERVIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND/OR REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW- INCOME, AND MINORITY POPULATIONS, LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES THAT HAVE CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY. INPUT WAS OBTAINED FROM THE LOS ANGELES DEPARTMENT OF PUBLIC HEALTH. THE IDENTIFIED STAKEHOLDERS WE RE INVITED BY EMAIL TO PARTICIPATE IN A PHONE INTERVIEW. APPOINTMENTS FOR THE INTERVIEWS W ERE MADE ON DATES AND TIMES CONVENIENT TO THE STAKEHOLDERS. AT THE BEGINNING OF EACH INTER VIEW, THE PURPOSE OF THE INTERVIEW IN THE CONTEXT OF THE NEEDS ASSESSMENT WAS EXPLAINED, T HE STAKEHOLDERS WERE ASSURED THEIR RESPONSES WOULD REMAIN CONFIDENTIAL, AND CONSENT TO PRO CEED WAS GIVEN. THE FOLLOWING INDIVIDUALS WITH PROMINENT ROLES IN THE MEDICAL COMMUNITY WE RE INTERVIEWED: RACHEL ABELSON ARA AIRAPETIAN LUCINDA GUARINO TOYIN INDEHEN KIMIKO KELLY M ARY LYNNE KNIGHTON RACHEL KOONSE CRISTIN MONDY CHRISTIAN PORT PAUL SIMON CODY SMITH NAYRI VARTAINIAN INTERVIEW QUESTIONS FOCUSED ON THE FOLLOWING TOPICS: - HEALTH ISSUES IN THE COM MUNITY - CHALLENGES AND BARRIERS PEOPLE FACE IN ADDRESSING THESE ISSUES - SOCIOECONOMIC, B EHAVIORIAL, OR ENVIRONMENTAL FACTORS CONTRIBUTING TO POOR HEALTH IN THE COMMUNITY - POTENT IAL RESOURCES TO ADDRESS THE IDENTIFIED HEALTH NEEDS, SUCH AS SERVICES PROGRAMS AND/OR COM MUNITY EFFORTS - ADDITIONAL COMMENTS AND CONCERNS COMMUNITY ENGAGEMENT KECK MEDICINE COMMI SSIONED THE NATIONAL HEALTH FOUNDATION (NHF) TO CONDUCT A COMMUNITY ENVIRONMENTAL SCAN TO CREATE A MORE THREE-DIMENSIONAL PICTURE OF THE HOSPITAL COMMUNITIES, INCLUDING THEIR SOCIA L, ECONOMIC AND PHYSICAL BARRIERS TO HEALTHY LIVING, AND ENGAGE THE COMMUNITY FOR THEIR PE RSPECTIVES ON THESE ISSUES. THE COMMUNITY ENGAGEMENT STRATEGY WAS DESIGNED TO GATHER COMMU NITY INPUT ON DISPARITIES WITHIN THE HOSPITAL'S SERVICE AREA, UNDERSTAND COMMUNITY RESOURC ES, GAUGE GAPS IN SERVICES, CLARIFY AND ENHANCE THE COMMUNITY PROFILE AND PROVIDE RECOMMEN DATIONS FOR STRATEGIES AND INVESTMENTS THAT COULD ADDRESS COMMUNITY CONCERNS AND HEALTH DI SPARITIES. DATA COLLECTION OCCURRED IN THREE PHASES: COMMUNITY CANVASSING; FOCUS GROUPS; A ND COMMUNITY STAKEHOLDER SURVEYS. CANVASSING COMMUNITY CANVASSING OCCURRED AT FOUR LARGE E VENTS ACROSS THE HOSPITAL'S SERVICE AREA: SUNLAND-TUJUNGA FARMERS' MARKET; TWO COMMUNITY M OVIE NIGHTS HOSTED BY LOS ANGELES CITY COUNCIL MEMBER MONICA RODRIGUEZ (LOS ANGELES COUNCI L DISTRICT 7) AT RECREATION CENTERS IN SYLMAR AND LAKE VIEW TERRACE; AND AT "CONCERT IN TH E PARK" AT VERDUGO HILLS PARK HOSTED BY THE CITY OF GLENDALE COMMUNITY SERVICE AND PARKS D EPARTMENT. CANVASSING QUESTIONS WERE: 1. WHAT DOES A HEALTHY COMMUNITY LOOK LIKE TO YOU? 2 . WHAT STOPS YOU FROM ACHIEVIN

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	G YOUR HIGHEST LEVEL OF HEALTH? 3. WHAT DOES YOUR COMMUNITY NEED TO BE HEALTHIER? THE CANV ASSING EVENTS ENGAGED 71 RESIDENTS IN A SELF-SERVICE SURVEY WHERE THEY COULD WRITE AND PLA CE ANSWERS TO THREE OPEN-ENDED QUESTIONS ON POSTER BOARDS. THIS SURVEY METHOD, BASED ON TH E 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 PR EFERENCES FOR FOCUS GROUPS WERE DETERMINED AND COMMUNITY RESIDENTS WERE RECRUITED FOR FOCU S GROUPS PARTICIPATION. SIX (6) FOCUS GROUPS ENGAGED 65 PERSONS AND WERE CONDUCTED FROM JU LY 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 H ELD FOR SENIOR CITIZENS AT AN ADULT RECREATION COMPLEX AND ANOTHER CONSISTED OF HIGH SCHOO L YOUTH. EACH OF THESE LOCATIONS WAS CHOSEN FOR ITS EASE OF ACCESS TO COMMUNITY MEMBERS AN D THE LIKELIHOOD THOSE NEIGHBORS WOULD BE WILLING TO PARTICIPATE. THE FOCUS GROUP QUESTION S 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 AF FECTING 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? H OW CAN THESE RESOURCES BETTER SERVE TO IMPROVE THE HEALTH OF YOUR COMMUNITY? 4. ARE YOU AW ARE 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 COM MUNITY CANVASSING AND FOCUS GROUP RECRUITMENT. EXECUTIVE LEADERS IN COMMUNITY ORGANIZATION S OR SCHOOLS, OR INDIVIDUALS HEAVILY INVOLVED IN ADDRESSING COMMUNITY ISSUES THROUGH LOCAL GOVERNMENT WERE IDENTIFIED AS QUALIFIED STAKEHOLDERS. THE RESPONDING STAKEHOLDERS REPRESE NTED A BROAD RANGE OF INTEREST IN THE HOSPITAL'S SERVICES AREA AND INCLUDED NONPROFIT LEAD ERS, 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 ALLO WED THE NHF TEAM TO ASK STAKEHOLDERS MORE DIRECT QUESTIONS REGARDING THE SEVERITY OF THE E MERGING ISSUES. STAKEHOLDERS WERE CONTACTED THROUGH EMAIL OR IN PERSON DURING CANVASSING E VENTS 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 EMAILE D 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 PRES

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	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 THROU GH 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): HTTPS://USCVHH.ORG/PATIENTS-AND-VISITORS/FINANCIAL-INFORMATION PART V, SECTION B, LINE 16(J): PLEASE REFER TO PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE IN PART VI. 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.

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part I General Information on Grants and Assistance

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 29

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STUDENT FINANCIAL AID	27600	637,975,373		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 $638 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.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY PARTNERS 1000 NORTH ALAMEDA ST STE 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	1,014,210				GENERAL SUPPORT
NATIONAL FOUNDATION FOR TEACHING ENTREPRENEURSHIP 350 S Bixel St Suite 280 LOS ANGELES, CA 90017	13-3408731	501(C)(3)	10,980				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REDEEMER COMMUNITY PARTNERSHIP 1438 W Jefferson Blvd LOS ANGELES, CA 90007	91-2144336	501(C)(3)	19,260				GENERAL SUPPORT
PLAYWORKS SOUTHERN CALIFORNIA 460 E Carson Plaza Drive CARSON, CA 90746	94-3251867	501(C)(3)	28,350				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JESTER & PHARLEY PHUND PO BOX 817 PALOS VERDES ESTATES, CA 90274	95-4785834	501(C)(3)	20,340				GENERAL SUPPORT
826LA 1714 W SUNSET BLVD LOS ANGELES, CA 90026	38-3722092	501(C)(3)	17,100				GENERAL SUPPORT

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

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FEAST 836 Westholme Avenue LOS ANGELES, CA 90024	46-4312265	501(C)(3)	18,000				GENERAL SUPPORT
PACIFIC ASIAN CONSORTIUM IN EMPLOYMENT 1055 Wilshire Blvd Suite 1475 LOS ANGELES, CA 90017	51-0192025	501(C)(3)	16,200				GENERAL SUPPORT

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

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NORTH EAST TREES 570 W Avenue 26 LOS ANGELES, CA 90065	95-4320174	501(C)(3)	13,610				GENERAL SUPPORT
CLINICA MSR OSCAR A ROMERO 123 S ALVARADO ST LOS ANGELES, CA 90057	95-3881333	501(C)(3)	27,360				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING INTO THE FUTURE FOUNDATION 1225 West 190th Street Suite 205 GARDENA, CA 90248	33-0718915	501(C)(3)	26,570				GENERAL SUPPORT
COMMUNITY SERVICES UNLIMITED INC PO Box 62696 LOS ANGELES, CA 90062	95-3218396	501(C)(3)	25,650				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AL OTRO LADO PO Box 32578 LOS ANGELES, CA 90032	47-2910078	501(C)(3)	35,780				GENERAL SUPPORT
ALBERT SCHWEITZER FELLOWSHIP 330 Brookline Avenue BR BOSTON, MA 02215	13-1982786	501(C)(3)	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLLENBECK POLICE ACTIVITIES LEAGUE 126 N Saint Louis Street LOS ANGELES, CA 90033	01-0780689	501(C)(3)	24,800				GENERAL SUPPORT
24TH STREET THEATRE 1117 W 24th Street LOS ANGELES, CA 90007	95-4607337	501(C)(3)	32,530				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alta Med 50 Years (East LA Meets Napa Gala) Al 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040	95-2810095	501(C)(3)	25,000				GENERAL SUPPORT
Proyecto Pastoral 170 S GLESS ST LOS ANGELES, CA 90033	95-3213958	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	50,000				GENERAL SUPPORT
DISCOVERY SCIENCE CENTER OF LOS ANGELES 2500 N MAIN ST SANTA ANA, CA 92705	45-5191270	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA COUNTY DEPARTMENT OF HEALTH SERVICES 10100 PIONEER BLVD SANTA FE SPRINGS, CA 90670		115	7,095				GENERAL SUPPORT
YMCA OF METROPOLITAN LOS ANGELES 2900 WHITTIER BLVD LOS ANGELES, CA 90023	95-1644052	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	275,935				GENERAL SUPPORT
Leukemia & Lymphoma Society 4929 WILSHIRE BLVD STE 800 LOS ANGELES, CA 90010	13-5644916	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI GLENDALE 1540 E COLORADO ST GLENDALE, CA 91205	95-3984872	501(C)(3)		7,048		CLASS & ROOM USE	GENERAL SUPPORT
FAMILY PROMISE OF THE VERDUGOS PO BOX 7151 BURBANK, CA 91510	26-2458342	501(C)(3)		13,980		2019-2020 SPONSOR	GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LA CANADA FLINTRIDGE EDUCATIONAL FOUNDATION 4490 CORNISHON AVENUE LA CANADA, CA 91011	95-3276042	501(C)(3)		8,738		JOG-A-THON AND GALA	GENERAL SUPPORT
YMCA OF THE FOOTHILLS 1930 FOOTHILL BOULEVARD LA CANADAFLINTRIDGE, CA 91011	95-1976183	501(C)(3)		11,650		FIESTA DAYS	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)		9,291		COMMUNITY ROOM USE	GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A AND LINE 1B:	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 2019 INCLUDED FIVE OFFICERS, TWO KEY EMPLOYEES, AND ONE FORMER OFFICER. 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 2019 INCLUDED ONE TRUSTEE 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 2019 INCLUDED ONE TRUSTEE AND ONE HIGHEST COMPENSATED EMPLOYEE. THE VALUES FOR COMPANION TRAVEL WERE NOT INCLUDED IN THOSE INDIVIDUALS' FORM W-2 AS TAXABLE INCOME. TAX GROSS-UP PAYMENTS: DURING CALENDAR YEAR 2019 ONE OFFICER, ONE TRUSTEE (RECEIVED WHEN SERVING AS OFFICER), AND TWO FORMER OFFICERS 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: THREE OFFICERS AND ONE FORMER OFFICER RECEIVED A HOUSING ALLOWANCE DURING CALENDAR YEAR 2019 WHICH WERE PROVIDED FOR IN THOSE OFFICERSFORMER OFFICER'S EMPLOYMENT CONTRACTS AND WERE INCLUDED IN TAXABLE COMPENSATION ON FORM W-2. SUCH AMOUNTS ARE REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). RESIDENCE FOR PERSONAL USE: AFTER STEPPING DOWN AS PRESIDENT OF THE UNIVERSITY IN AUGUST 2018, DR. NIKIAS CONTINUED TO RESIDE IN THE PRESIDENTIAL HOME THROUGH APRIL 2019. THE LODGING COST FOR JANUARY THROUGH APRIL 2019 WAS REPORTED ON FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). THE CURRENT PRESIDENT (DR. FOLT) WAS PROVIDED WITH HOUSING PURSUANT TO HER CONTRACT. THIS HOUSING WAS NOT PROVIDED ON CAMPUS THEREFORE THE ALLOWANCE WAS GROSSED UP AND 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 2019 INCLUDED SEVEN OFFICERS, THREE KEY EMPLOYEES, ONE HIGHEST COMPENSATED EMPLOYEE, AND ONE FORMER OFFICER. PERSONAL SERVICES: CERTAIN INDIVIDUALS RECEIVED PERSONAL SERVICES, INCLUDING FINANCIAL PLANNING. SUCH SERVICES ARE MADE AVAILABLE IN EMPLOYMENT CONTRACTS AND THE VALUE OF THE SERVICES, IF USED, WAS INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). THE LISTED INDIVIDUALS WHO RECEIVED SUCH BENEFIT DURING CALENDAR YEAR 2019 INCLUDED ONE TRUSTEE (RECEIVED WHEN SERVING AS OFFICER), SEVEN OFFICERS, TWO HIGHEST COMPENSATED EMPLOYEES, AND FOUR FORMER OFFICERS. ONE OFFICER AND ONE FORMER OFFICER RECEIVED THE SERVICES OF A CAR AND DRIVER. SUCH SERVICES WERE APPROVED AS PART OF THOSE OFFICERS' EMPLOYMENT CONTRACTS, AND THE VALUES OF TAXABLE SERVICES WERE INCLUDED IN THOSE OFFICERS' FORM W-2 AS TAXABLE INCOME AND ARE REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III).
SCHEDULE J, PART I, LINE 4A:	ROHIT VARMA RECEIVED $2,000,000 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). CAROL MAUCH AMIR RECEIVED $2,261,341 IN CONNECTION WITH HER RESIGNATION OF HER POSITION AND SEPARATION FROM THE UNIVERSITY. THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III).
SCHEDULE J, PART I, LINE 4B:	CHRYSOSTOMOS L. NIKIAS: DURING CALENDAR YEAR 2019, DR. CHRYSOSTOMOS L. NIKIAS PARTICIPATED IN ONE "DEFINED CONTRIBUTION" NON-QUALIFIED RETIREMENT PLAN, WHICH WAS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. UNDER THE PLAN, AN AMOUNT EQUAL TO 25% OF DR. NIKIAS' BASE SALARY WAS CREDITED BY THE UNIVERSITY TO THE PLAN ANNUALLY THROUGH 8/3/19. THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). LISA 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 $80,000 HAS BEEN INCLUDED AS DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN (C) FOR CALENDAR YEAR 2019. AN AMOUNT EQUAL TO $58,000 VESTED AND WAS PAID DURING 2019. THE AMOUNT PAID DURING 2019 IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(II). JAMES M. STATEN: DURING CALENDAR YEAR 2019, SENIOR VICE PRESIDENT, FINANCE AND 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). GLENN OSAKI: DURING CALENDAR YEAR 2019, SENIOR VICE PRESIDENT AND CHIEF COMMUNICATIONS OFFICER, PARTICIPATED IN A RETENTION PROGRAM. A TOTAL OF $500,000 WILL VEST AND BE PAYABLE AT $100,000 PER YEAR FOR FIVE YEARS STARTING IN 2020 AND IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. A RATABLE ACCRUAL OF $114,167 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). CHARLES ZUKOSKI: DURING CALENDAR YEAR 2019, PROVOST AND SENIOR VICE PRESIDENT, ACADEMIC AFFAIRS, PARTICIPATED IN A RETENTION PROGRAM. A PAYMENT OF $500,000 (ACCRUING AT $100,000 PER YEAR) IS SCHEDULED TO VEST AND BE PAYABLE IN 2024 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. OTHER: IN 1994 USC CREATED A 457 (F) SUPPLEMENTAL RETIREMENT PLAN TO PROVIDE MAKE-UP BENEFITS TO EMPLOYEES WHOSE COMPENSATION EXCEEDS THE EARNINGS LIMITATION FOR CONTRIBUTIONS TO THE USC DEFINED CONTRIBUTION RETIREMENT PLAN. AS OF JANUARY 1, 2005, THE PLAN WAS FROZEN AND PARTICIPANTS, WITH RESPECT TO FUTURE MAKE-UP BENEFITS, WERE NO LONGER PERMITTED TO DEFER THESE BENEFITS.
SCHEDULE J, PART I, LINE 7:	CERTAIN INDIVIDUALS LISTED IN SCHEDULE J, PART II RECEIVED A MERIT BASED BONUS AND THE AMOUNT OF SUCH BONUSES ARE SHOWN ON SCHEDULE J, PART II, COLUMN (B)(II). SEE ALSO LINE 4(B) DISCLOSURE FOR LISA MAZZOCCO.
SCHEDULE J, PART I, LINE 8:	THE PRESIDENT, THE INTERIM SENIOR VICE PRESIDENT OF UNIVERSITY ADVANCEMENT, THE INTERIM DEAN OF MARSHALL SCHOOL OF BUSINESS, THE INTERIM PROVOST AND SENIOR VICE PRESIDENT OF ACADEMIC AFFAIRS, THE SENIOR VICE PRESIDENT OF HUMAN RESOURCES, THE INTERIM SENIOR VICE PRESIDENT OF UNIVERSITY RELATIONS, THE SENIOR VICE PRESIDENT AND CHIEF COMMUNICATIONS OFFICER, AND THE PROVOST AND SENIOR VICE PRESIDENT OF ACADEMIC AFFAIRS 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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1Wanda M Austin SEE SCHEDULE O FOR TITLE	(i)	913,640	300,000	271,947	28,000	15,954	1,529,541	0
	(ii)	0	0	0	0	0	0	0
1David Brown SEE SCHEDULE O FOR TITLE	(i)	229,133	50,000	136,201	28,000	37,954	481,288	0
	(ii)	0	0	0	0	0	0	0
2Albert R Checcio SEE SCHEDULE O FOR TITLE	(i)	608,838	50,000	128,504	28,000	26,490	841,832	0
	(ii)	0	0	0	0	0	0	0
3Carolyn Domen-Broshears SECRETARY OF THE UNIVERSITY	(i)	284,367	50,000	26,900	28,000	4,397	393,664	0
	(ii)	0	0	0	0	0	0	0
4Carol L Folt SEE SCHEDULE O FOR TITLE	(i)	727,855	0	580,191	0	6,083	1,314,129	0
	(ii)	0	0	0	0	0	0	0
5Samuel Garrison SEE SCHEDULE O FOR TITLE	(i)	323,162	0	0	0	0	323,162	0
	(ii)	0	0	0	0	0	0	0
6Elizabeth Graddy SEE SCHEDULE O FOR TITLE	(i)	417,961	50,000	42,558	28,000	17,593	556,112	0
	(ii)	0	0	0	0	0	0	0
7Thomas E Jackiewicz SEE SCHEDULE O FOR TITLE	(i)	1,615,580	482,040	391,055	28,000	31,456	2,548,131	0
	(ii)	0	0	0	0	0	0	0
8Glenn Osaki SEE SCHEDULE O FOR TITLE	(i)	269,475	0	9,411	114,167	18,167	411,220	0
	(ii)	0	0	0	0	0	0	0
9James Staten SR VP, FINANCE & CFO	(i)	1,429,980	200,000	335,403	128,000	36,850	2,130,233	0
	(ii)	0	0	0	0	0	0	0
10Tracey Vranich SEE SCHEDULE O FOR TITLE	(i)	478,066	60,000	59,152	28,000	20,957	646,175	0
	(ii)	0	0	0	0	0	0	0
11Felicia A Washington SEE SCHEDULE O FOR TITLE	(i)	314,517	0	38,909	0	12,827	366,253	0
	(ii)	0	0	0	0	0	0	0
12David W Wright SENIOR VICE PRESIDENT, ADMIN.	(i)	404,681	75,000	137,746	28,000	81,139	726,566	0
	(ii)	0	0	0	0	0	0	0
13Charles F Zukoski SEE SCHEDULE O FOR TITLE	(i)	204,154	0	17,695	0	5,406	227,255	0
	(ii)	0	0	0	0	0	0	0
14James Ellis SEE SCHEDULE O FOR TITLE	(i)	425,702	0	15,939	28,000	26,479	496,120	0
	(ii)	0	0	0	0	0	0	0
15Gareth James SEE SCHEDULE O FOR TITLE	(i)	541,911	5,000	42,472	28,000	3,957	621,340	0
	(ii)	0	0	0	0	0	0	0
16Lisa Mazzocco CHIEF INVESTMENT OFFICER	(i)	710,442	58,000	87,219	108,000	25,572	989,233	58,000
	(ii)	0	0	0	0	0	0	0
17Amber Miller SEE SCHEDULE O FOR TITLE	(i)	509,129	48,000	79,025	28,000	26,313	690,467	0
	(ii)	0	0	0	0	0	0	0
18Laura Mosqueda SEE SCHEDULE O FOR TITLE	(i)	815,856	120,000	87,075	28,000	22,287	1,073,218	0
	(ii)	0	0	0	0	0	0	0
19Yannis C Yortsos DEAN-VITERBI SCHOOL OF ENG.	(i)	440,763	60,000	23,250	28,000	28,490	580,503	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable 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
21Andy Enfield HEAD BASKETBALL COACH	(i)	2,917,443	50,000	323,190	28,000	35,682	3,354,315	0
	(ii)	0	0	0	0	0	0	0
1Charles Helton HEAD FOOTBALL COACH	(i)	4,167,980	51,125	459,522	28,000	107,205	4,813,832	0
	(ii)	0	0	0	0	0	0	0
2Inderbir Singh Gill MD PROF & CHAIR - UROLOGY	(i)	2,195,875	0	456,748	28,000	42,003	2,722,626	0
	(ii)	0	0	0	0	0	0	0
3Vaugn Starnes MD CHAIR & DIST PROF SURGERY	(i)	2,765,914	50,000	276,375	28,000	36,402	3,156,691	0
	(ii)	0	0	0	0	0	0	0
4Louis A Vandermolen MD PROFESSOR OF CLINICAL MEDICINE	(i)	2,460,816	0	218,800	28,000	7,257	2,714,873	0
	(ii)	0	0	0	0	0	0	0
5Carol Mauch Amir SEE SCHEDULE O FOR TITLE	(i)	409,559	0	2,484,328	28,000	20,262	2,942,149	0
	(ii)	0	0	0	0	0	0	0
6Dani Byrd SEE SCHEDULE O FOR TITLE	(i)	260,151	0	19,280	27,314	62,629	369,374	0
	(ii)	0	0	0	0	0	0	0
7Todd R Dickey SEE SCHEDULE O FOR TITLE	(i)	364,732	0	60,307	28,000	14,137	467,176	0
	(ii)	0	0	0	0	0	0	0
8Steven A Kay SEE SCHEDULE O FOR TITLE	(i)	705,546	20,000	96,099	28,000	29,605	879,250	0
	(ii)	0	0	0	0	0	0	0
9Rohit Varma MD SEE SCHEDULE O FOR TITLE	(i)	0	0	2,000,000	0	0	2,000,000	0
	(ii)	0	0	0	0	0	0	0
10Chrysostomos L Nikias SEE SCHEDULE O FOR TITLE	(i)	1,466,763	1,500,000	1,923,144	355,669	30,990	5,276,566	0
	(ii)	0	0	0	0	0	0	0
11Michael Quick SEE SCHEDULE O FOR TITLE	(i)	817,349	200,000	359,389	28,000	10,584	1,415,322	0
	(ii)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by the 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

(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
See Additional Data Table												
Total . . . . ▶ $						7,716,814						

Part III Grants or Assistance Benefiting Interested Persons.

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

(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
(1) AMBER MILLER	EMPLOYEE	HOUSING LOAN		X	500,000	350,000		No	Yes		Yes	
(1) AMBER MILLER	EMPLOYEE	HOUSING LOAN		X	500,000	451,453		No	Yes		Yes	
(2) CL NIKIAS	EMPLOYEE	HOUSING LOAN		X	3,000,000	2,500,000		No	Yes		Yes	
(3) JAMES STATEN	EMPLOYEE	HOUSING LOAN		X	1,000,000	1,000,000		No	Yes		Yes	
(4) JAMES STATEN	EMPLOYEE	HOUSING LOAN		X	1,000,000	600,000		No	Yes		Yes	
(5) STEVEN A KAY	EMPLOYEE	HOUSING LOAN		X	500,000	350,000		No	Yes		Yes	
(6) STEVEN A KAY	EMPLOYEE	HOUSING LOAN		X	500,000	455,891		No	Yes		Yes	
(7) TRACEY VRANICH	EMPLOYEE	HOUSING LOAN		X	250,000	232,802		No	Yes		Yes	
(8) TRACEY VRANICH	EMPLOYEE	HOUSING LOAN		X	250,000	216,668		No	Yes		Yes	
(9) FELICIA WASHINGTON	EMPLOYEE	HOUSING LOAN		X	700,000	560,000		No	Yes		Yes	
(10) CHARLES ZUKOSKI	EMPLOYEE	HOUSING LOAN		X	1,000,000	1,000,000		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**
(1) CHRISTOPHER B ALLEN	SON-IN-LAW OF TRUSTEE	159,154	USC EMPLOYEE		No
(1) ADLEY CHAN	SON OF TRUSTEE	58,036	USC EMPLOYEE		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(3) QUINN GROUP INC	TRUSTEE IS OWNER	118,517	EQUIPMENT PURCHASE AND SERVICE		No
(1) ALEXANDRA GRADDY-REED	DAUGHTER OF OFFICER	177,645	USC EMPLOYEE		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(5) CAROL PEDEN	SPOUSE OF OFFICER	262,835	USC EMPLOYEE		No
(1) DIANA MEKEL	SISTER-IN-LAW OF OFFICER	108,836	USC EMPLOYEE		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(7) JONATHAN EYER	SON-IN-LAW OF OFFICER	171,728	USC EMPLOYEE		No
(1) RONALD GIBSON	SPOUSE OF OFFICER	172,673	USC EMPLOYEE		No

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	25	355,000	APPRAISED VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	343	20,932,936	HIGH-LOW AVERAGE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	11	177,000	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	8	
		Yes	**No**
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b If "Yes," describe in Part II.			
33 If the organization didn't 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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1:	THE CENTRAL MISSION OF THE UNIVERSITY OF SOUTHERN CALIFORNIA IS THE DEVELOPMENT OF HUMAN BEINGS AND SOCIETY AS A WHOLE THROUGH THE CULTIVATION AND ENRICHMENT OF THE HUMAN MIND AND SPIRIT. THE PRINCIPAL MEANS BY WHICH OUR MISSION IS ACCOMPLISHED ARE TEACHING, RESEARCH, ARTISTIC CREATION, PROFESSIONAL PRACTICE, AND SELECTED FORMS OF PUBLIC SERVICE. OUR FIRST PRIORITY AS FACULTY AND STAFF IS THE EDUCATION OF OUR STUDENTS, FROM FRESHMEN TO POSTDOCTORALS, THROUGH A BROAD ARRAY OF ACADEMIC, PROFESSIONAL, EXTRACURRICULAR, AND ATHLETIC PROGRAMS OF THE FIRST RANK. THE INTEGRATION OF LIBERAL AND PROFESSIONAL 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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D:	OTHER PROGRAM SERVICES SPONSORED RESEARCH: THE MAJOR RESEARCH IS IN MEDICINE, ENGINEERING AND THE SCIENCES. THE INSTITUTION HAS 755 CONTRACTS/GRANTS AWARDED BY THE FEDERAL GOVERNMENT AND 749 AWARDED IN 2019-2020 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2:	OFFICERS, TRUSTEES AND KEY EMPLOYEES SIT ON THE BOARD OF THE MAY DEWRIGHT TRUST: JAMES M. STATEN 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 RONALD D. SUGAR AND USC TRUSTEE LEONARD D. SCHAEFFER HAVE A BUSINESS RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 4:	Bylaws were amended to: - Change the number of Trustees serving on the Board from sixty to at least thirty but no more than fifty-five - Provide that Trustees may serve no more than three consecutive five-year terms and may not serve after the annual meeting following their seventy-fifth birthdays - Establish two additional corporate officer positions: Senior Vice President, Human Resources and Senior Vice President and Chief Communications Officer - Replace the corporate officer position of Senior Vice President, Legal Affairs and Professionalism with Senior Vice President and General Counsel - Provide that members of committees, including the Audit, Compliance, Risk, and Privacy Committee, are nominated by the Nominating and Governance Committee after consultation with the Chair of the Board - Combine the following committees: I. Alumni Affairs Committee and University Development Committee II. Finance Committee and Campus Planning Committee - Change Executive Committee membership to consist of the following ex-officio members only: Chair of the Board, immediate past Chair of the Board, President of the University (if he/she is a trustee); Chair(s) of each standing committee, and Chair(s) of the board of directors of USC Health System (if he/she is a trustee)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11(B):	THE UNIVERSITY OF SOUTHERN CALIFORNIA'S FORM 990 IS REVIEWED AT SEVERAL LEVELS. THE UNIVERSITY ENGAGES AN EXTERNAL PUBLIC ACCOUNTING FIRM TO ASSIST IN THE PREPARATION AND REVIEW OF ITS FORM 990 AND TO SIGN AS PAID PREPARER. AMONG THOSE WHO CONDUCT THE REVIEW OF THE FINAL FORM 990 AT THE UNIVERSITY INCLUDE MANAGEMENT, EXTERNAL COUNSEL, AND THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES. THE REVIEW OF FORM 990 IS CONDUCTED PRIOR TO IT BEING FILED AND A FINAL COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES BEFORE IT IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12:	THE UNIVERSITY HAS A CONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS PRACTICES POLICY AN D PROCEDURE WHICH COVERS ALL COVERED EMPLOYEES AND THEIR CLOSE RELATIONS. A "COVERED EMPLO YEE" MEANS ALL FACULTY MEMBERS (INCLUDING PART-TIME AND VISITING FACULTY), STAFF AND OTHER EMPLOYEES (SUCH AS POSTDOCTORAL SCHOLARS), AND STUDENTS (INCLUDING POSTDOCTORAL FELLOWS A ND GRADUATE STUDENTS) EMPLOYED OR OTHERWISE ENGAGED BY THE UNIVERSITY. THE POLICY CONTINUE S 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 RELATIO N" MEANS SPOUSES, DOMESTIC PARTNERS, AND PARENTS, CHILDREN, SIBLINGS, AND EACH OF THEIR RE SPECTIVE SPOUSES OR DOMESTIC PARTNERS. EACH COVERED EMPLOYEE OWES PROFESSIONAL LOYALTY TO THE UNIVERSITY AND MUST BE ALERT TO THE POSSIBILITY THAT OUTSIDE OBLIGATIONS, FINANCIAL IN TERESTS, EMPLOYMENT, AND CERTAIN FAMILY OR INTIMATE RELATIONSHIPS CAN AFFECT THAT COMMITME NT. THEREFORE, ALL COVERED EMPLOYEES ARE RESPONSIBLE FOR DETERMINING WHETHER THEY, OR THEI R CLOSE RELATIONS, HAVE A CONFLICT OF INTEREST OR COMMITMENT COVERED BY THIS POLICY. BECAU SE NO POLICY CAN ANTICIPATE THE FULL RANGE OF OUTSIDE RELATIONSHIPS AND ACTIVITIES THAT MA Y GIVE RISE TO CONFLICTS OF INTEREST OR COMMITMENT, COVERED EMPLOYEES MUST DISCLOSE ANY OU TSIDE RELATIONSHIP OR ACTIVITY THAT MAY GIVE THE APPEARANCE OF A CONFLICT AS SOON AS FEASI BLE AFTER DISCOVERY OF THE CONFLICT. THE UNIVERSITY MUST DETERMINE WHETHER A CONFLICT OF I NTEREST 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 MEASUR ES PUT IN PLACE TO MANAGE, REDUCE, OR ELIMINATE CONFLICTS OF INTEREST. THIS INCLUDES ANY R EQUIREMENT THAT THE COVERED EMPLOYEE PROVIDE A FOLLOW-UP DISCLOSURE AT A REASONABLE TIME I NTERVAL 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 DISCLOSUR ES 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 INF ORMATION OR TO DO SO ON A MORE FREQUENT BASIS (E.G., BI-ANNUALLY). IF A COVERED EMPLOYEE H AS 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 GUIDANC E. SUPERVISORS WHO BECOME AWARE THAT COVERED EMPLOYEES UNDER THEIR SUPERVISION HAVE CONFLI CTS OF INTEREST OR COMMITMENT COVERED BY THIS POLICY ARE OBLIGATED TO ENSURE THAT THE CONF LICT IS APPROPRIATELY DISCLOSED. IN ADDITION TO THE PROCEDURES SET FORTH IN THE UNIVERSITY 'S CONFLICT OF INTEREST IN PRO

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Return Reference	Explanation
FORM 990, PART VI, LINE 12:	FESSIONAL AND BUSINESS PRACTICES POLICY, USC'S PROCUREMENT SERVICES DEPARTMENT MAY IDENTIF Y ACTUAL OR POTENTIAL CONFLICTS OF INTEREST OR COMMITMENT IN THE COURSE OF PERFORMING ITS DUTIES. IN THE EVENT THAT PROCUREMENT SERVICES IDENTIFIES AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST OR COMMITMENT, IT REQUIRES THE COVERED EMPLOYEE TO MAKE A DISCLOSURE UNDER THE CONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS PRACTICES POLICY, AND VERIFIES THAT ALL ACTUAL CONFLICTS ARE MANAGED BEFORE PROCEEDING. DEPENDING UPON THE CONFLICT, PROCUREMENT SERVICES MAY ALSO REFER THE ISSUE TO THE SENIOR VICE PRESIDENT FOR ADMINISTRATION OR HIS O R HER DESIGNEE, FOR RESOLUTION. PURCHASING SERVICES MAY SUSPEND ANY FURTHER ACTION ON THE REQUEST THAT INITIATED THE DISCLOSURE UNTIL SUCH TIME AS THE CONFLICT IS MANAGED. IN ADDIT ION TO THE PROCEDURES SET FORTH ABOVE, A UNIVERSITY FACULTY MEMBER OR NON-FACULTY EMPLOYEE IS REQUIRED TO OBTAIN THE PRIOR WRITTEN APPROVAL FROM THE PROVOST AND SENIOR VICE PRESIDE NT FOR ACADEMIC AFFAIRS OR SENIOR VICE PRESIDENT FOR ADMINISTRATION BEFORE HE OR SHE MAY E NDORSE OR AUTHORIZE ENDORSEMENT OF ANY PRODUCT OR SERVICE ON BEHALF OF THE UNIVERSITY. FAI LURE TO DISCLOSE AND MANAGE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST UNDER THIS POLICY, I NCLUDING THE EXPECTATIONS DETAILED ABOVE ABOUT WHAT AN INDIVIDUAL SHOULD OR SHOULD NOT DO, MAY BE CAUSE FOR DISCIPLINARY ACTION, WHICH MAY RESULT IN DISCIPLINE, UP THROUGH AND INCL UDING TERMINATION. FOR FACULTY, SUCH ACTION SHALL OBSERVE ALL PROVISIONS OF THE POLICIES P UBLISHED IN THE FACULTY HANDBOOK. ANY DISCIPLINARY ACTION AGAINST A FACULTY MEMBER OR NON- FACULTY EMPLOYEE UNDER THIS POLICY MUST TAKE INTO ACCOUNT THE SCALE OF THE OFFENSE, THE IN DIVIDUAL'S INTENT, AND THE DEGREE OF WRONGDOING. THE UNIVERSITY MAINTAINS A CONFLICT OF IN TEREST POLICY FOR MEMBERS OF THE BOARD OF TRUSTEES. IN GENERAL, THE POLICY REQUIRES THAT A TRUSTEE MUST AVOID USING HIS OR HER POSITION FOR PERSONAL GAIN OR ADVANTAGE, OR TO OBTAIN A FAVORED STATUS FOR ANY SPECIAL GROUP, BUSINESS, OR FAMILY ENTITY WITH WHICH THE TRUSTEE IS AFFILIATED. THE POLICY APPLIES TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES. A TRUST EE 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 DISCLOS URE IS IN ADDITION TO THE REQUIRED ANNUAL DISCLOSURES. - AFTER CONDUCTING A REASONABLE INV ESTIGATION UNDER THE CIRCUMSTANCES, WHICH SHOULD INCLUDE AN ANALYSIS OF COMPARABLE ARRANGE MENTS OR TRANSACTIONS OR THE RECEIPT OF AN OPINION FROM AN EXPERT IN THE RELEVANT FIELD, T HE BOARD SHOULD DETERMINE IN GOOD FAITH WHETHER USC COULD OBTAIN A MORE ADVANTAGEOUS FINAN CIAL ARRANGEMENT OR TRANSACTION WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. - IN ADDITION, THE BOARD SHOULD DETERMINE BY A M AJORITY VOTE OF THE DISINTERES

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Return Reference	Explanation
FORM 990, PART VI, LINE 12:	TED MEMBERS, WITH KNOWLEDGE OF THE MATERIAL FACTS CONCERNING THE FINANCIAL ARRANGEMENT OR TRANSACTION AND THE TRUSTEE'S FINANCIAL INTEREST IN THE ARRANGEMENT OR TRANSACTION, WHETHE R THE ARRANGEMENT OR TRANSACTION IS IN USC'S BEST INTEREST, FOR ITS OWN BENEFIT AND IS FAI R AND REASONABLE TO USC. THE BOARD SHOULD MAKE ITS DECISION AS TO WHETHER TO ENTER INTO TH E ARRANGEMENT OR TRANSACTION IN CONFORMITY WITH SUCH DETERMINATION. - SHOULD THE BOARD APP ROVE 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 E XERTING UNDUE PRESSURE OR INFLUENCE. IN THE BOARD'S DISCRETION, IT MAY ALSO REQUIRE SUCH T RUSTEE TO BE SUBJECT TO THE OVERSIGHT OF A DISINTERESTED TRUSTEE. THIS POLICY HAS BEEN APP ROVED BY THE BOARD. TRUSTEE. THIS POLICY HAS BEEN APPROVED BY THE BOARD. TRUSTEE. THIS POL ICY HAS BEEN APPROVED BY THE BOARD.

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Return Reference	Explanation
FORM 990, PART VI, LINE 15:	THE COMPENSATION OF THE UNIVERSITY'S PRESIDENT, OFFICERS AND KEY EMPLOYEES IS DETERMINED ANNUALLY USING THE SAFE HARBOR PROCESS DESCRIBED IN TREASURY REGULATION SECTION 53.4958-6. NAMELY, A COMMITTEE OF THE UNIVERSITY'S BOARD OF TRUSTEES TAKES THE FOLLOWING THREE STEPS: (1) IT ENSURES THAT NO MEMBER OF THE COMMITTEE HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT BEING REVIEWED, (2) IT LOOKS TO COMPARABILITY DATA AND SPECIALIZED COMPENSATION REPORTS (AND IN SOME CASES OPINIONS) PREPARED FOR THE UNIVERSITY BY COMPENSATION CONSULTANTS WITH RESPECT TO SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED UNIVERSITIES, AND (3) IT MAINTAINS A CONTEMPORANEOUS RECORD OF ITS DELIBERATIONS AND DECISIONS.

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Return Reference	Explanation
FORM 990, PART VI, LINE 19:	THE UNIVERSITY MAKES ITS BYLAWS, FINANCIAL STATEMENTS/ANNUAL REPORT, CONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS PRACTICES, AND CONFLICT OF INTEREST IN RESEARCH POLICIES AVAILABLE TO THE GENERAL PUBLIC ON THE ORGANIZATION'S WEBSITE.

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Return Reference	Explanation
FORM 990, PART VII, SECTION A:	THE 2 HOURS NOTED FOR EACH TRUSTEE REPRESENTS A STANDARD ESTIMATE OF HOURS DEVOTED TO SERVING AS TRUSTEE. THE TITLE FOR CHRYSOSTOMOS L. NIKIAS IS FORMER PRESIDENT (UNTIL 8/7/18) AND PROFESSOR OF ENGINEERING AND CLASSICS. THE TITLE FOR CAROL MAUCH AMIR IS FORMER SENIOR VICE PRESIDENT, LEGAL AFFAIRS AND PROFESSIONALISM (UNTIL 6/30/19). THE TITLE FOR THOMAS E. JACKIEWICZ IS SENIOR VICE PRESIDENT AND CEO FOR KECK MEDICINE OF USC (UNTIL 6/30/20). THE TITLE FOR ROHIT VARMA, MD IS FORMER DEAN, KECK SCHOOL OF MEDICINE OF USC (UNTIL 10/05/17). THE TITLE FOR WANDA M. AUSTIN IS INTERIM PRESIDENT (UNTIL 6/30/19) AND TRUSTEE. THE TITLE FOR MICHAEL QUICK IS FORMER PROVOST AND SENIOR VICE PRESIDENT, ACADEMIC AFFAIRS (UNTIL 6/30/19). THE TITLE FOR CAROL FOLT IS PRESIDENT AND TRUSTEE (AS OF 7/1/19). THE TITLE FOR LAURA MOSQUEDA IS DEAN, KECK SCHOOL OF MEDICINE OF USC. THE TITLE FOR STEVEN A. KAY IS FORMER DEAN, USC DORNSIFE COLLEGE OF LETTERS, ARTS AND SCIENCES (UNTIL 11/30/15). THE TITLE FOR ALBERT R. CHECCIO IS SENIOR VICE PRESIDENT, UNIVERSITY ADVANCEMENT (UNTIL 3/31/20). THE TITLE FOR AMBER MILLER IS DEAN, USC DORNSIFE COLLEGE OF LETTERS, ARTS AND SCIENCES. THE TITLE FOR TRACEY VRANICH IS INTERIM SENIOR VICE PRESIDENT, UNIVERSITY ADVANCEMENT (AS OF 4/1/20). THE TITLE FOR GARETH JAMES IS INTERIM DEAN, USC MARSHALL SCHOOL OF BUSINESS (AS OF 7/1/19 UNTIL 6/30/20). THE TITLE FOR ELIZABETH GRADDY IS INTERIM PROVOST AND SENIOR VICE PRESIDENT, ACADEMIC AFFAIRS (AS OF 7/1/19 UNTIL 10/1/19). THE TITLE FOR JAMES ELLIS IS FORMER DEAN, USC MARSHALL SCHOOL OF BUSINESS (UNTIL 6/30/19). THE TITLE FOR DAVID BROWN IS INTERIM SENIOR VICE PRESIDENT, UNIVERSITY RELATIONS (UNTIL 2/10/20). THE TITLE FOR TODD R. DICKEY WAS SENIOR VICE PRESIDENT, 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 THROUGH JUNE 30, 2020 TO PROVIDE CONSULTING AND OTHER ASSISTANCE AS NECESSARY TO THE PRESIDENT AND TO OTHER INDIVIDUALS AT THE UNIVERSITY AT THE PRESIDENT'S REQUEST. THE TITLE FOR FELICIA WASHINGTON IS SENIOR VICE PRESIDENT, HUMAN RESOURCES (AS OF 6/1/19). UPON AMENDMENT OF THE BYLAWS ON 9/12/19, THIS POSITION BECAME AN OFFICER POSITION OF THE UNIVERSITY. THE TITLE FOR GLENN OSAKI IS SENIOR VICE PRESIDENT AND CHIEF COMMUNICATIONS OFFICER (AS OF 6/1/19). UPON AMENDMENT OF THE BYLAWS ON 9/12/19, THIS POSITION BECAME AN OFFICER POSITION OF THE UNIVERSITY. THE TITLE FOR DANI BYRD IS FORMER INTERIM DEAN, USC DORNSIFE COLLEGE OF LETTERS, ARTS AND SCIENCES (UNTIL 8/15/16). THE TITLE FOR SAMUEL GARRISON IS CHIEF OF STAFF OF THE BOARD CHAIR (AS OF 6/4/18 UNTIL 2/10/20) AND INTERIM SENIOR VICE PRESIDENT, UNIVERSITY RELATIONS (AS OF 2/11/20). THE TITLE FOR CHARLES F. ZUKOSKI IS PROVOST AND SENIOR VICE PRESIDENT, ACADEMIC AFFAIRS (AS OF 10/1/19).

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Return Reference	Explanation
FORM 990, PART XI, LINE 9:	OTHER CHANGES IN NET ASSETS PRESENT VALUE ADJUSTMENT TO TRUST LIABILITY: $(9,411,060)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
University of Southern California

Employer identification number
95-1642394

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

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) USCSCA SURGICAL HOLDINGS LLC 1510 SAN PABLO ST LOS ANGELES, CA 90033	HOLDING COMPA	CA	USC	RELATED					0	Yes		
(2) LAZARD EMERGING MARKETS INST 20 TRAFALGAR SQ STE 449 NASHUA, NH 03063 20-8047848	INVESTMENTS	NH	USC	RELATED	1,257,789	49,328,126			0		No	84.507 %
(3) FSK NOZOMI LLC 848 N RAINBOW BLVD 2725 LAS VEGAS, NV 89107 27-4100484	INVESTMENTS	NV	USC	RELATED	-7,804	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	(i) No
(1)MAY ROBERTS DEWRIGHT TRUST UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 900898003 95-6284845	USC SUPPORT	CA	USC	T			100.000 %	Yes	
(2)INTEGRATED DIGITAL ASSET CORPORATION UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 900898003 95-4680904	3RD PARTY CON	CA	USC	C	0	0	100.000 %	Yes	
(3)CHARITABLE REMAINDER TRUST (429) SEE PART VII FOR COLUMN C SEE PART VII, CA 90089	FUNDRAISING		USC	T				Yes	
(4)POOLED INCOME FUND (1)	FUNDRAISING	CA	USC	T				Yes	

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

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

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

See Additional Data Table

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

Part 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) Disproprtionate 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).

Return Reference	Explanation
PART IV, LINE 4, COLUMN (C)	THE LEGAL DOMICILES OF THE CHARITABLE REMAINDER TRUSTS INCLUDE: CA, CO, FL, GA, HI, IN, MA, NV, 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
UNIVERSITY GARDENS UGB203 LOS ANGELES, CA 900898003 85-1454978	USC SUPPORT	CA	501(C)(3)	12A, TYPE 1	USC	Yes	
UNIVERSITY GARDENS UGB203 LOS ANGELES, CA 900898003 85-1454519	USC SUPPORT	CA	501(C)(3)	12A, TYPE 1	USC	Yes	
UNIVERSITY GARDENS UGB203 LOS ANGELES, CA 900898003 85-1472543	USC SUPPORT	CA	501(C)(3)	12A, TYPE 1	USC	Yes	
1510 SAN PABLO STREET LOS ANGELES, CA 900895013 85-0666499	USC SUPPORT	CA	501(C)(3)	12A, TYPE 3	USC	Yes	
1510 SAN PABLO STREET LOS ANGELES, CA 900331029 85-1644866	HOSPITAL	CA	501(C)(3)	3	USC HEALTH	Yes	
1812 VERDUGO BOULEVARD GLENDALE, CA 912081407 85-1634852	HOSPITAL	CA	501(C)(3)	3	USC HEALTH	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
LORD FOUNDATION OF CALIFORNIA	S	3,482,163	FMV
LORD FOUNDATION OF CALIFORNIA	C	2,500,000	FMV
DAVID X MARKS FOUNDATION	C	1,609,000	FMV
MAY ROBERTS DEWRIGHT TRUST	S	809,102	FMV
MAY ROBERTS DEWRIGHT TRUST	C	642,381	FMV
USC CARE MEDICAL GROUP INC	P	378,197,421	FMV
LAZARD EMERGING MARKETS INST TRUST	F	1,807,849	FMV
LAZARD EMERGING MARKETS INST TRUST	S	421,066	FMV